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HUMAN DERELICTS

**A COLLECTION OF MEDICO-SOCIOLOGICAL STUDIES
FOR TEACHERS OF RELIGION AND SOCIAL WORKERS**

HUMAN DERELICTS

MEDICO-SOCIÖLOGICAL STUDIES FOR
TEACHERS OF RELIGION AND SOCIAL WORKERS

Edited by

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PREFACE

'HUMAN DERELICTS' is not a study in modern pessimism, but seeks to be a scientific and serviceable contribution to Social Pathology, Preventive Medicine, and Constructive Philanthropy. It consists of a collection of communications by medical experts, and deals with those classes of defectives, delinquents, and dependants to which belong the largest number of human derelicts. In order to arrest and prevent the appalling wreckage now in process, scientific principles must be recognized and rationally applied. Until the nature, causes, manifestations, and effects of the various forms of derelictness are better understood, human defectives will continue to be bred and born. This book aims at providing all workers engaged in enterprises striving for human betterment with a concise and reliable presentation in non-technical language of such essential facts, guiding principles, and effective practices as are likely to be of assistance in the study and solution of those social problems which are

directly related to the chief sections of morbid mankind. It is hoped and believed that the volume will prove of value to many professional and voluntary workers who are engaged in different forms of service for the fullest development of worthy citizens, and for the removal of agencies making for deterioration and disease.

In order to secure a reliable and helpful presentation of the subject dealt with, the preparation of each chapter has been allocated to a well-known medical specialist. Each contributor has been permitted a free hand in dealing with his or her particular subject, and each writer is alone responsible for the chapter contributed.

It is hoped that the book will find favour with those for whom it has been specially written, ministers of religion, parents, teachers, leaders of organizations dealing with adolescents, as well as social and religious workers among sinners, criminals and wastrels, the outcasts of society, the derelicts of the community, the greatest enemies of the commonwealth.

It is believed that the book will also be of some service to Medical Officers of Health and members of their staffs, School Medical Officers, Tuberculosis Officers, Medical Members of the Poor Law and Prison Services, and others engaged in the various

activities connected with national medical sociological and medico-educational organization and administration. In order to make the work as helpful as possible to serious students and practical servants of the people, references have been appended to each chapter.

The volume is issued at a critical time in the history of our country. The sorrows and sufferings of war overshadow all other problems. But when this set-back to the progress of the things that matter most shall have passed, then it will be for us as a people to give the greater heed to our ways, and to devote our best powers to the development of the righteousness that exalteth a nation.

It now only remains to express to all who have so willingly and generously co-operated in the production of this manual the Editor's most grateful thanks.

T. N. KELYNACK.

August 12, 1914.

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FOREWORD

SIR THOMAS CLOUSTON,
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FOREWORD

THE ocean of life is strewn with human derelicts of every kind. Some of these wrecks are rudderless, some water-logged, some have broken masts and spars, and some are turned turtle. All are helpless crafts unable to pursue the voyage of life. All are sources of danger to other wayfarers. The very sight of a derelict at sea always produces a peculiar feeling of sadness and fear, and sets up mournful questionings in one's mind: What has become of the crew? What were the causes of her mishap? Had her timbers been bad when she started on her voyage? Where did she come from? Where was she bound for? What was her cargo? What if, at night, we had run into her? We cannot help thinking and speaking about her. Our captain takes her longitude and latitude, and wires the news of her whereabouts to neighbouring ports and other ships. The naval authorities send a cruiser to blow her up, or the waves dash her to pieces, and there is an end of her for good or ill.

Such is not the speedy end of the human derelict. We may try to help such a one through life, and sometimes we assist the arrival at some port of safety, but oftentimes we fail utterly.

Derelicts are common enough in the animal world and in primitive societies, but the law of the non-survival of the unfit comes in, and they soon perish. It is different with the derelicts of a civilized community of men and women and children. Their lives must be preserved, and the best must be done for them, sometimes at great cost and trouble to the competent and self-supporting members of the community. The forms of incompetency of the derelicts are most various, and their requirements multiform. The insane need different treatment from the idiot, the feeble-minded from the epileptic, the senile dotard from the persons rendered derelict by the degeneration of the special senses, the moral imbecile from the habitual criminal, the irreclaimable prostitute from the facile ne'er-do-well, the tramp from the jail-bird, the weakling from the crafty.

It would be an under-estimate to say that there are a million derelicts of various kinds in Great Britain. That is without touching on the border-land—that twilight where brain light and darkness, social fitness and unfitness, merge into each other.

Accurate statistics are, however, impossible. We know from Blue Books and official reports that there are two hundred thousand insane persons, a hundred thousand epileptics, and a hundred and sixty-five thousand idiots and feeble-minded people.¹ In addition to those there are hundreds of thousands of hopeless drunkards, who, through alcoholism, have lost the capacity to earn a proper livelihood, and certainly there are as many senile dotards. The number of hopeless prostitutes, largely irresponsible criminals, vagrants, tramps, paupers, and 'submerged' weaklings in mind and body cannot be estimated with any approach to accuracy. It goes almost without saying that the earlier most of these classes are taken in hand the better. In fact the only hope of a good result is by attacking the derelict in his early stages and getting at the borderland conditions in their first manifestations. Many a gallant vessel might have been saved if her impending danger had been met in time. For the care of many of these human derelicts, when defectiveness is fully developed, there are now trained and paid caretakers provided by the State or by local authorities, such as medical superintendents, mental nurses, wardens in prisons, Poor Law officials, &c. Many derelicts are under

¹ See *Unsoundness of Mind*, p. 19, by the writer.

institutional care, and many are looked after by their relatives or by charitable agencies. But at least as many, probably more, are not under any proper care and control or responsible guidance and guardianship. If they are to receive the help they need, an army of medico-sociological students, voluntary social workers, 'friends in need,' philanthropists, and church workers are required. We have thousands of such now at work, but many of the workers and the agencies they represent badly need the knowledge which modern science can give and the organization which a combination of effort would secure.

Unfortunately, most of the derelicts are not attractive, and many are even repulsive to ordinary human nature. Their characteristics are indeed apt to rouse feelings that go against their being looked after by competent persons. Contempt is apt to take the place of sympathy. Human derelicts are mostly selfish and unsocial, and do not excite altruism in others. Many of them have undoubtedly brought their condition on themselves by their own evil conduct; but most of them owe their incapacities to bad heredity and early unfavourable environment, and are handicapped for life by both influences.

Many of the various classes of derelicts have so

little in common that it would take a volume to enumerate even their general characteristics. But it may be said they are nearly all non-self-supporting. They are all, therefore, burdens on society or their relations, and often tend towards vice and crime. They all have some defect of body or will-power, of energy or of character. They are all brain-weak. They all have some unloveliness in body or mind. If they occur in self-respecting families, they are the skeletons in the closet, the 'difficulties' and the irritants of the home. They cost millions of pounds a year to individuals and to the State. None of them should be allowed to propagate their kind, because their progeny would, like themselves, be largely of the 'unfit.' The problems in regard to these defectives are of the most diverse kind, a few being soluble; but they are mostly insoluble in the sense of complete restoration. What is the right state of mind in which to approach them? What are the chief and urgent social dangers which have to be met? How much can be done or attempted by individual effort, and how much must be left to the State and to public authorities? How far can philanthropic work benefit them? How far can we apply the cold-reasoned conclusions of the political economist and the evolutionist, who believe in the natural law that the 'unfit' should

die out, or, at all events, that the money hardly earned by the industrious members of society should not be squandered unnecessarily on the derelict? Such are some of the questions that face those who desire to help them. It may sound to a non-professional worker among derelicts discouraging to say that a scientific view should be taken of each case. This means, however, that the real facts underlying their incompetencies should be carefully looked into. In addition to this being a rational course of procedure, it will add enormous interest to the work. It will in most cases also lead to more effective methods of mitigation. It is like a doctor's diagnosis of the disease before he makes up his mind how it should be treated. Each individual case should be analysed and his weaknesses, bodily and mental, found out. What sort of a body has our derelict? Is his head of proper size and of an approach to the normal shape? What is the expression of his face and eye? Are his movements weak and awkward? Is his walk slouchy and with no proper 'grip of the ground'? Are there any malformations of his body? Is the chest poorly developed? Are there any bodily deformities or marked uglinesses? Such defects often accompany but they may also be the causes of the special conditions of the

derelict. Moral and mental obliquities have commonly, as their co-relations, physical defects.

In mental development and in faculty there are apt to be deficiencies, eccentricities, peculiarities, and distortions in the whole class of derelicts. Every faculty of mind, every instinct, every capacity, and every appetite may be more or less affected. The reasoning powers may be so markedly deficient that the man 'cannot reason' properly on any ordinary subject. The emotional faculty may be so changed that there is no normal affection, or there may be perverted emotion so that unfounded dislikes or hatreds may form a part of the mental constitution. The will-power and the faculty of inhibition or control may be markedly weak. The soundness and strength of this, after all, is the chief proof of real sanity, the regulator of conduct, the real guide of life. All derelicts have some faults of inhibition. It goes without saying that from these defects their conduct of life is changed for the worse. 'Common sense' is not present. The self-regarding faculties of mind are degraded. Self-respect is lessened or gone. The social instincts are always weakened. There are often present morbid instincts, impulses, appetites, obsessions. The powers of the imagination are either lacking or in a perverted condition. The sense of right and

wrong, on which conscience depends, is callous. In most cases derelicts do wrong acts and lead wrong lives, and do not feel shame or try to do better, all this resulting from some innate or acquired incapacities of mind or character.

It is surprising how such an observation and analysis of the defects of our derelict give an interest to our work among them. It is like the medical student coming into the dissecting-room for the first time. He is shocked and repulsed. But the moment the scientific aspect of his work arises he is interested and even fascinated. To Science nothing is 'common or unclean.'

One way to realize the qualifications required for successful work in mitigating the conditions of derelicts is to look at what manner of men and women they were who have done beneficial work in the past for them. John Howard and Mrs. Fry lifted the prisoners out of depths of neglect and cruelty. Dr. Pinel in France, William Tuke and Lord Shaftesbury in this country, rescued the insane from chains and ill-treatment. General Booth and his Army not only roused the conscience and the religious instincts of the slum dweller and the 'submerged,' but they warmed and fed him, controlled and guided his life, provided shelter and farm work for him, and fully recognized the facts

of his mental and bodily degenerations. They were great administrators as well as religionists, and they also suggested many suitable changes in legislation to help them in their work. And in recent days Miss Mary Dendy has shown how the neglected feeble-minded can be raised to an approach to a human standard of life. All these workers for the rescue and betterment of human derelicts had strong reasoning faculties directed by an overmastering enthusiasm of humanity. They were not emotionalists in the sentimental sense. They did not allow mere impulse to overmaster their calmly formed conclusions. They first looked closely at the facts, and, having clearly realized their significance, they applied remedies resolutely, often wisely going to the legislature to help them. They all had to educate their masters—the general public. Study of facts as well as sympathy and zeal are still needed. Modern scientific methods of inquiry and of coming to conclusions require to be used. The men and women of to-day who set out to help the human derelict require to know at least something of the fundamental relationships of body and mind as revealed by physiology and psychology. Modern sociology, too, throws much light on the whole problem of the human derelict. He who enters a new field should know also what has

already been done in it, and how it has been done. He will thus find how much religion has done for the derelict and its limits ; how much philanthropic and voluntary agencies have accomplished ; and how far Acts of Parliament have mitigated social ills. Wise men do not usually try to do over again the work in which others have failed.

In this spirit, and aided by this knowledge, should the worker for the human derelict proceed to do his work. If he is successful in his endeavours, he will place society deeply in his debt. He may receive no great outward recognition or reward ; but he will have raised the standard and heightened the sacredness of human life, promoted the wellbeing and happiness of the otherwise hopeless, and helped to solve some of the most difficult and urgent problems of our modern civilization.

I

MENTAL DERELICTS

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I

MENTAL DERELICTS

THERE is at the present moment a feeling of unrest in regard to the poorest and weakest members of our people, as well as in regard to our whole industrial population. Although much has been done towards caring for the former by the Mental Deficiency Act, there are yet politicians, irrespective of party, who, in regard to the latter, cry out on public platforms for a revision of the Poor Laws, believing that poverty will be entirely abolished by a reconstruction of this part of our laws. Socialists acclaim the advantages of combined effort and co-operation for the purpose of rearranging our industries, because our 'method of production' and our 'means of distribution' are at fault; and philanthropists urge that our charities must be reorganized and become more centralized so as to be more effective. We see poverty, unemployment, disease, and destitution everywhere among the

great masses of our town people, and there is a strong feeling that some new force should be brought out to combat the grave dangers which seem to threaten our and their national life. The revelations brought to light by the Inter-Departmental Committee of the Privy Council on Physical Deterioration (1903), by the Departmental Committee into the question of Vagrancy (1905), by a special Committee into the Treatment of Inebriety (1908), and subsequently by the two Royal Commissions—one into the Care and Control of the Feeble-Minded (1908), and the other into the Administration of the Poor Laws (1909)—all strongly indicate the perils to our continued supremacy as a nation, and the pressing need for drastic alterations in society as at present constituted, or for something that will cause a betterment in the condition of those who are at the bottom of our social ladder, and who threaten to become a source of serious menace to the State.

VIEWS OF SOCIAL WORKERS

This feeling of unrest—some will designate it a spirit of despair, others Socialism—is felt throughout all ranks of society, from the highest to the lowest, and many are the suggestions made to remove what are described as serious obstacles to our national development. Whilst some press for more work to

be done by voluntary agencies, such as the different guilds of help, various councils of social welfare, the Church Army, and the splendid organization of the Salvation Army—for has not marked improvement been effected in the community by 'combined action' such as that taken against insanitary dwellings, exposure to infection, infant mortality, the under-feeding of school children, long hours of labour, and a host of other conditions inimical to the general welfare?—others there are who urge that the best means of combating evils making for 'derelictness' and of overcoming the great obstacles to national development is by individual effort, i.e. by the separate action of its units rather than by combined action on the part of the whole, believing that the real root of social reform is to be found in personal service; and they ask how can a nation be virile and powerful if the individuals composing it are enfeebled and dependent?

It is with the view of assisting those who entertain such a belief that this volume is presented; and, in view of the magnitude of the task, the work has been divided into special sections dealing with the needs of the different groups and the various sub-divisions of the socially handicapped. But it must not be assumed that the cruelties and sorrows of life, the sufferings of poverty and disease, and

the deep and continuing ills of human existence can be removed either by Individualism or by Socialism. Nevertheless, all are ready to acknowledge that individual effort to control the passions, to curb the appetite, and to enforce the moral law do undoubtedly tend to diminish the burdens of our social life and to lessen the feeling of despair engendered by poverty, unemployment, and destitution.

In order to succeed in the battle of life, not only must the stock be especially selected and sound, but it must also enjoy favourable surroundings; not only must the organism be healthy, but the environment must also be favourable, for the gates of progress are forced only by individual intelligence, merit, and energy. Hence the necessity for combating those causes of deterioration and degeneration found through a widespread contagious hurt to the ancestors or as the result of malnutrition and privation, and also from the reducing and blanching effects of slum life, of idleness, and of strong drink; this deterioration being evidenced by the lowered physique and diminished mental vigour of both the immediate and the remote descendants.

THE MENTALLY DERANGED

Apart from the 140,000 insane persons in England and Wales, there are in our midst at least

150,000 mentally defective persons, viz. 1 in every 217 persons who are social misfits or unemployables, who, although being often defective physically as well as mentally, have up to the present (May, 1914) no suitable accommodation provided for them except the workhouse, the Poor-Law infirmaries, or the penitentiary. These defectives are all more or less known by a general uncontrolled ascendancy of the temper and passions; they are impulsive and deficient in volitional control, and they have a general want of moral balance. They give way to immoderate self-indulgence, and become vicious and dangerous to others, from a lack of directive control over their ill-regulated tendencies and propensities. Heredity is a most potent factor. The weak-minded people beget their like, often as illegitimate offspring; and the girls of this class help to swell the ranks of the abandoned and loose women in our streets, the boys becoming the loafers of street corners and the agents of immorality and crime, contaminating the daily life of our growing boys and girls. Such persons must constitute a grave national danger; they hamper progress, and they degrade our social life. Urgent steps are, therefore, needed to control them. Their lives and conduct are alike familiar to the police, to officers of the Poor Law, and to the social worker.

Together they constitute the 'mental derelicts' of our text, and it has become a serious and burning question how to deal with them; but the Mental Deficiency Act alone will not solve the problem. In their earlier life these constitute numerically about one per cent. of all school children, and in greater London their numbers would be well over 7,000.

It is thought that one-third of the mentally defective class, after training, might be able to contribute greatly to their own livelihood; another third might partially contribute; whilst the remaining third would permanently need custodial care or some 'After-Care' treatment to keep a watch over them for the rest of their lives. Individually these cases as children are neurotic, epileptic, or have some fundamental nervous disturbances allied to hysteria, chorea, or neurasthenia; and they eventually drift into our pauper asylums, into our inebriate reformatories, or they swell the ranks of the criminal classes. In either case they are a heavy burden upon the State, and they constitute a grave national danger.

STATISTICAL CONSIDERATIONS

The cost of our paupers and lunatics is about 15 millions a year, and another 15 millions are spent upon unofficial relief to the weak-minded and the

mental derelict. The cost of our paid judiciary, including the cost of the police, is about $5\frac{1}{2}$ millions, and reformatories, truant, day, and industrial schools, our inebriate reformatories, local and convict prisons, cost another million. This burden amounts to a total of nearly 40 millions yearly for our social misfits, paupers, criminals, and lunatics. There are frequently over a million, sometimes a million and a half, paupers in England and Wales, and the proportion of these works out at 1 in every 45 of the population; and of the total no less than 24,000 are able-bodied, who claim to be maintained by the contributions of the poorest ratepayer, himself often barely able to feed his own children or to pay his way. The last report of the Lunacy Commissioners, now the Board of Control, showed that nearly 140,000 insane persons were being detained as mentally unsound in the asylums of England and Wales.

In 1859 the ratio of certified insane was 18.67 per 10,000 of the population; to-day it is nearer 40, which is a proportion of about 1 insane person to every 250 of the population. During this period of fifty years the general population has increased by 81.6 per cent., whilst lunacy has increased by more than 250 per cent.!

A past report of the Prison Commissioners stated

that an increase of nearly 10,000 had taken place in the total number of prisoners during that year as compared with the previous one. The Commissioners also added that this was not a mere local blot, but an increase of crime in general had appeared throughout the country. Fortunately there is to-day a decrease, but they remarked that if this increase continued the question of providing more accommodation for prisoners must arise in the near future. Special attention was directed in their report between the association of crime and unemployment, also between crime and drink, as well as between crime and insanity.

THE INCREASE OF THE ' UNFIT '

Every worker among the poor knows only too well how true it is that intemperate or weak-minded parents beget weak-minded children, who themselves, in turn, become parents and further beget their like. Every guardian of the poor and every relieving-officer knows of women who are weak-minded, who are in and out of the workhouse, having given birth to degenerate and illegitimate offspring. The public itself has realized the gravity of this national danger, and every social worker and every philanthropist considers it his duty by human measures and by human science to modify this

great evil. Associated effort working on preventive lines is essential. The National Association for the Care and Control of the Feeble-Minded have always urged the supervision and custodial care of this class, which is being driven remorselessly into ways which are not pleasant and into paths which are not those of peace. Public remonstrances have at last stimulated the Legislature into passing the Mental Deficiency Act, but its provisions only came into force on April 1 this year, and so far no definite progress has been made for the reception and treatment of the feeble-minded. The Eugenics Society has also had the betterment of mankind as its platform policy, and pursues an active campaign for a healthy stock. Schools, special industrial homes, farm colonies, and custodial establishments for 'After-Care' supervision need financial support to supplement the legal provisions for the special needs of this class if they are to be kept from increasing.

That these 'mental derelicts' are a danger to the State, not only from their very existence, but also in consequence of their powers of reproduction and fertility, is only too fully realized. The question is, Are the ills dependent on the presence of the mental derelict preventible? and if not, can the evil of their existence be modified?

Under the power and tyranny of a bad organization through hereditary influence, and from the certainty that like begets like, suggestions have been made by responsible persons that the mentally defective should be rendered incapable of reproduction by surgical interference ; and this 'a-sexualization,' has already been carried out in some of the American States in the case of epileptics, imbeciles, and those suffering from chronic insanity, on the assumption that these operative measures are beneficial to the individual himself or herself, as well as protective to the best interests of the community ; but in this country this has not found favour, and the provisions of the Mental Deficiency Act are considered to be at present sufficient.

Inquiries and reports have been made by responsible public bodies in this country as to the question of sterilization, but social feeling and the weight of public opinion has hitherto not declared in its favour, and mutilative surgery is at present only an academic question ; but education in regard to the duties of parentage and upon the selection of partners for this contract cannot fail to be of great use and value. Natural and humane palliatives are available. That the evil of mental derelicts can be modified is a certainty, and education of a

special kind is acknowledged to be the best palliative. So much is this the case in our prison discipline that punitive treatment has of late given way to reformatory methods ; but the help to preserve a moral equilibrium which is imparted by simple instruction to healthy persons is only in a small degree realized when imparted to those whose feeble natures are over-weighted by a faulty heritage. The Borstal System for young offenders and the training given in the special schools of the London County Council for young and defective children, as well as that (at such institutions as Earlswood) for the feeble-minded, are sufficient evidence of the value of education and encouragement. This treatment is humane and merciful, and it is also salutary and successful ; and it will be very considerably extended by the new Mental Deficiency Act which has just come into force.

QUESTIONS OF GENERAL MANAGEMENT

The care of those whose disease has so far advanced as to need isolation in special institutions for the insane is not possible to discuss in a volume such as this ; but suitable remedies, tactful and judicious management, and agreeable occupation can exercise a real hold upon such persons, and the statistics of our hospitals for the insane prove the efficacy of

this treatment, for over 40 per cent. of all cases admitted into these places recover within the year—indeed, mostly after a few months of treatment—and they are returned restored to their homes and friends. Public authorities, such as are the county councils in England and Wales, are now permitted by law to provide suitable accommodation for all such cases, viz. for those who are mentally feeble and unable to provide for themselves, as well as for those who are able to make some small payment towards their maintenance. The confidence of the public in the administration of public institutions, under municipal and popularly elected control, is doubtless one of the many reasons why insanity *appears* to be on the increase! The friends of those under treatment can visit practically when they like; inquiries can be made about their supervision, their health, and progress, either through the asylum authorities or through the various public representatives elected by those interested in their care and cure. These institutions are regularly inspected by those public bodies appointed to administer them, as well as by independent Government officials, who report directly to the Lord Chancellor, the reports being placed before Parliament, and subsequently printed for public use and reference.

As to the punishment of young delinquents, social workers know that for those under sixteen years of age there are now special courts of jurisdiction where these young prisoners can be dealt with apart from the contaminating influences of the habitual and hardened criminal. Justices also have the power to send such cases into industrial or special schools during remand, thus avoiding the stigma of detention in jail.

There is the greatest need for the supervision of the chronic drunkard as a 'mentally defective.' Inebriates, after three convictions within the year, may be sent into certified reformatories or inebriate homes as habitual drunkards, and can there be detained for a period up to three years. This is a great boon; but it is not enough, although the procedure removes from our streets and public places those persons who are a disgrace to our humanity and to our civilization, and it prevents their evil influence and example being exercised upon the impressionable youth of both sexes, who are so ready to be influenced by what they see and meet. It also guards the victims themselves against their own moral enfeeblement. When such cases as these are dealt with, after three previous convictions they may become 'black listers,' i.e. their names and photographs are

circulated by the police authorities, and they are forbidden to purchase intoxicating liquors or be served by any holder of a licence (authorizing the sale of intoxicating liquor by retail) under a penalty.

TYPES OF MENTAL DERELICTS

As a last word the writer is convinced of the close relationship between many vagrants and 'ne'er-dowells,' most criminals, and many inebriates and the majority of insane persons who are now detained in our public asylums. They share the same traits; their physical appearance, their physiognomy, their mental calibre and reactions, and their moral natures are similar. They are often eccentric, they act upon impulses, they are selfish, deficient in self-control and in motives of prudence; they are unable to forgo immediate gratification for the sake of ultimate good, and when their will is thwarted or opposed by others they become intemperate in language, irritable, and quarrelsome. They are incapable of fixing their attention for any length of time upon any one subject, and so they experience a difficulty in mental concentration. They thus dislike continuous employment or occupation. As a class they constitute the group of 'mental derelicts.' To prevent their appearance special legislation and definite enactments have been recently passed,

and we are probably waking up to the possibility of their permanent control, and certainly of their diminution.

An infinite amount of good can be done by education, and by opening the minds of future parents to the value of a healthy life and by due regard to the laws of health and personal sanitation ; also by due regard for a clean and wholesome environment through good housing, wholesome food, proper clothing, sufficient sleep, adequate exercise, and the formation of regular habits of mind and body.

REFERENCES

THE problem of the mental derelicts is dealt with in many official reports and other works, of which the following will be found of special service for reference :

Mental Deficiency Act, 1913.

Report of the Departmental Committee on Defective and Epileptic Children, 1899.

Report of the Royal Commission on the Care and Conduct of the Feeble-Minded, 1908.

Report of the Royal Commission upon the Administration of the Poor Law, 1909.

Reports of the National Association for the Feeble-Minded.

Reports of the Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded.

Reports of the Annual Conferences of the National Association for the Feeble-Minded.

Special Reports of the Charity Organization Society.

Annual Reports of the Lunacy Commissioners to the Lord Chancellor.

Annual Reports of the various Public Lunatic Asylums in England and Wales.

Reports of the Metropolitan Asylums Board and Asylums Committee of the London County Councils and other County Councils.

For particulars of the new Mental Deficiency Act, 1913, see the following :

LEACH, R. A. : *The Mental Deficiency Act*, 1913.

London : The Local Government Press Co. 1913.

TREDGOLD, A. F. : *Mental Deficiency (Amentia)*. Second edition. London : Baillière, Tindall & Cox. 1914. 12s. 6d. net.

WORMALD, J. and S. : *A Guide to the Mental Deficiency Act*. London : P. S. King & Son. 1913. 5s. net.

The following works will be of service for general reference :

BARR, M. W. : *Mental Defectives*. London : Rebman. 1905. 17s. 6d. net.

BLANDFORD, G. F. : *Insanity and its Treatment*. Ninth edition. London : J. & A. Churchill. 1892. 10s. 6d.

- BUCKNILL, J. C., and TUKE, D. H.: *Manual of Psychological Medicine*. Fourth edition. London: J. & A. Churchill. 1879. 25s.
- CLOUSTON, T. S.: *Unsoundness of Mind*. London: Methuen. 1911. 7s. 6d. net.
- JONES, ROBERT A., M.D.: *Mental and Sick Nursing (Care of the Feeble-Minded)*. London: Scientific Press, Limited. 1911. 3s. 6d.
- LEWIS, W. B.: *Text-book of Mental Diseases*. Second edition. London: Griffin. 1899. 30s.
- MAUDSLEY, H.: *Responsibility in Mental Disease*. Fourth edition. London: H. K. Lewis. 1881. 5s.
- MERCIER, C.: *Criminal Responsibility*. London: H. K. Lewis. 1905. 7s. 6d.
- SAVAGE, G. H.: *Insanity and Allied Neuroses*. New edition. London: Cassell & Co. 1907. 12s. 6d.
- SHERLOCK, E. B.: *The Feeble-Minded*. London: Macmillan & Co. 1911. 8s. 6d. net.
- SHUTTLEWORTH, G. E., and POITS, W. A.: *Mentally Deficient Children: Their Treatment and Training*. Third edition. London: H. K. Lewis. 1910. 3s. 6d.
- STODDART, W. H. B.: *Mind and its Disorders*. Second edition. 1912. 12s. 6d. net.

II

IDIOTS AND IMBECILES

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II

IDIOTS AND IMBECILES

THE terms idiot and imbecile are often used somewhat loosely by the general public to denote any person suffering from mental deficiency ; they are even occasionally applied to lunatics who have developed secondary dementia. This is not scientifically correct. An idiot or imbecile is one who from birth, or from a very early age, shows symptoms of weak-mindedness, due to incomplete brain development. The term amentia is often used to describe this condition.

GENERAL CONSIDERATIONS

The degree of mental deprivation varies in different patients. The lowest grades are denoted idiots, and those less profoundly affected are termed imbeciles. The higher grade imbeciles pass insensibly into the class of the feeble-minded. There is no distinct boundary line between these different

classes, so that a patient whom one authority might denote an idiot, another person, equally competent, might class as an imbecile. The lowest grade idiots are mere automatic beings, helpless, often deaf and dumb, sometimes blind, and exhibit no intelligence whatever. They are quite unable to guard themselves against common physical dangers, whereas imbeciles can do so to some extent ; and this marks the distinction between the two classes.

THE PREVALENCE OF IDIOCY AND IMBECILITY

With the present Census returns it is difficult to arrive at the exact number of idiots and imbeciles in England and Wales. On the 1901 Census, Tredgold estimated the number at 33,750,¹ whilst the recent Royal Commission put the number of 'mental defectives' at 149,628, of whom 66,509, presumably idiots and imbeciles, needed provision, either in their own interest or for the safety of the public. The evidence given before the Royal Commission showed that the number of children born to feeble-minded parents is largely in excess of the normal. In 150 families investigated by Tredgold there were 1,269 children born, or 8.4 to each (the average to normal persons is 4), and of these 1,269,

¹ Tredgold, A. F.: *Mental Deficiency*. Second edition. London : Baillière, Tindall & Cox. 1914. 12s. 6d. net.

813, or nearly 66 per cent., were unsatisfactory.¹ Other witnesses testified to the same fact. It was further shown that the criminal class are largely recruited from amongst the feeble-minded. These facts are amply sufficient to show the necessity of making suitable provision for this class and of doing everything possible to limit their numbers, and so preventing the physical and mental degeneration of the race.

THE CAUSATION OF IDIOCY AND IMBECILITY

In considering the causation of amentia it is necessary to deal separately with several of the more important factors.

Heredity.—The overwhelming balance of expert opinion is in favour of psychopathic heredity as being by far the most important causative agent in producing idiocy, epilepsy, and allied neuroses. Nevertheless, the recognition of this fact by the public generally is not so widespread as might be supposed. When a mentally defective child is born into a family, the tendency is to attribute the condition to some extraneous cause rather than to any hereditary taint, which the parents are loth to acknowledge. This renders the compilation of reliable etiological statistics difficult. Modern

¹ *Report of the Royal Commission on the Feeble-Minded*, p. 199.

writers have repeatedly laid stress on the importance of heredity, and the point was again and again emphasized by witnesses before the recent Royal Commission on the Feeble-Minded. Tredgold, who most carefully investigated this subject, found over 80 per cent. of persons suffering from amentia were descended from a neuropathic stock. The writer's own experience entirely coincides with this view. A psychopathic history was obtained in over 60 per cent. of the mental defectives who have been admitted to the East Sussex Asylum, and many of the histories were very imperfect.

Alcoholism.—Next to a morbid heredity, alcoholism in the parents is probably the most important cause. This may act in two ways. Prolonged over-indulgence in alcohol undoubtedly lowers the vitality of the parents; and may be operative before conception takes place. But it may also exert a direct harmful effect in the embryo after conception, and the experiments of Féré, quoted by Dr. Ireland,¹ show that this is extremely probable. It is doubtful, however, if alcoholic excess is often the sole cause of amentia. Tredgold, in his evidence before the Royal Commission, estimated the number of cases

¹ Ireland, W. W. : *Mental Affections of Children, Idiocy, Imbecility, and Insanity*. Second edition. London : J. & A. Churchill. 1900. 145.

solely so produced at 1.5 per cent. of the whole. Many drunkards are themselves degenerates, and because some of the children of such parents are mentally defective it must not be too hastily assumed that alcoholism is the sole cause. The probability is that it plays a very important contributory rôle in bringing about the condition. Moreover, the children of drunkards are often reared in a most unfavourable environment, and this tends still further to accentuate any mental defect that may be present.¹

Tuberculosis.—This infective disease acts in much the same manner as alcoholism, and is rarely the sole cause of the mental defect. A family history of tuberculosis is very frequently met with in connexion with amentia—according to Tredgold, in 34 per cent. of all cases—and idiots and imbeciles not infrequently die of this disease. It is necessary, however, to point out that, owing to the defective manner in which many of these patients breathe, they are very liable to contract tuberculosis, and, from their faulty habits, to transmit it to others.

Epilepsy is usually stated to be a frequent cause of

¹ For a full discussion of the relation of alcoholism to feeble-mindedness, see articles in the *British Journal of Inebriety*, Vols. VI, VIII, IX, and X. London: Baillière, Tindall & Cox.

amentia, and it is present in some 30 per cent. of all cases. The fits often commence as convulsions at teething and persist throughout life. Although epilepsy may cause imbecility, by interfering with neuronc development, there is no doubt but that in the majority of cases epilepsy itself, when not traumatic, is a manifestation of a neuropathic heredity, and it is quite possible to conceive, therefore, that in some cases it may be a complication and not a cause of imbecility. When once established, it not only retards neuronc development, but brings about cerebral degeneration, and hence dementia is grafted on to the already present amentia.

Syphilis acts as a most powerful toxin to the nerve-cells, and it might therefore be supposed that it would play an important rôle in the causation of congenital mental defect. Such, apparently, is not the case. The children of syphilitic parents are often born prematurely and die during infancy. It is comparatively uncommon to find stigmata of congenital syphilis amongst idiots and imbeciles, and the tendency of this disease is rather to produce neuronc degeneration somewhat later in life. The writer has seen several cases of idiots, who manifested signs of congenital syphilis, develop and die of juvenile general paralysis. In a recent series of experiments on the incidence of syphilis amongst

idiots and imbeciles, Dr. Rees Thomas tested, by means of the Wassermann reaction, the blood of 200 of these patients of all ages. He found evidence of syphilis in 10 per cent. of those under twenty years of age, but in only 5 per cent. of those of all ages.

Maternal Impressions.—Considerable importance is attached by mothers and the public generally to such accidental occurrences as shock, fright, injury, &c., during pregnancy as a cause of mental deficiency in the offspring. A careful inquiry, however, into the history of such cases often discloses a neuropathic taint in the parents, and it would appear that these abnormal conditions must be looked upon rather as contributory than as the sole cause of the mental defect.

Consanguinity of the Parents is sometimes regarded as a cause of imbecility. If the parents are healthy, there is no reason to fear danger to the offspring; but should there be any hereditary neuropathic taint this would be intensified, and the result to the children may be most disastrous.

Injury at Birth.—There is little evidence to prove that injury during birth is a frequent cause of imbecility, although some writers attach great importance to this. Fletcher Beach and G. E. Shuttleworth attribute 17.5 per cent. of their cases

to this cause ; but, as Tredgold points out, most of their patients were in institutions, and are hardly representative of amentia in general. In a certain proportion gross brain-lesions do occur at birth, and are responsible for cases of paralytic idiocy ; the proportion, however, of those paralytic cases is not large ; moreover, it is a well-recognized fact that the child's head can undergo great compression during birth without injury resulting.

In his admirable book already referred to, Tredgold, in the chapter on causation, divides the causes of amentia into (1) *Intrinsic* and (2) *Extrinsic*. By the former he means causes which modify the germinal plasm before conception, the chief of these being heredity, alcoholism, tuberculosis, and syphilis ; and by the latter those conditions of the environment which affect the development of the child either whilst *in utero* or after birth, the most important being abnormal labour, injury, epilepsy, and toxic causes such as fevers. He comes to the conclusion that by far the most important of these causes is a neuropathic heredity, and that the others usually act as contributory. Next to heredity he regards alcoholism and tuberculosis as the most important, and he points out that these, as well as syphilis, may act both as intrinsic and extrinsic causes.

The recent Royal Commission on the Feeble-Minded, in dealing with the causation of congenital mental defects, arrived at the following conclusion : ' That, both on grounds of fact and of theory, there is the highest degree of probability that feeble-mindedness is usually spontaneous in origin—that is, not due to influences acting on the parent—and tends strongly to be inherited.'

THE PHYSICAL SIGNS

Abnormalities of development *or stigmata of degeneration* are more frequently found amongst aments than in any other class of the insane. The following are the parts usually affected :

The skull is often altered in shape, the forehead may be receding, and the occiput flattened ; there may be marked microcephaly, or the skull may be asymmetrical. In one class, the Mongolian, it is small and round. The palate is occasionally broad and flattened, more often high, narrow, and V-shaped. The teeth are late in appearing, often crowded together, badly formed, and decay early. The lips, in some cases, are large and flabby, and allow the saliva to dribble from the mouth. The tongue, in Mongolian idiots, is large and deeply fissured. The ears show marked variations ; as a rule they are large and plain, the lobule

may be small and adherent, but not infrequently it is fleshy and pendulous. The orbits may be too close together, and the palpebral fissure slope obliquely; there is often strabismus, and other defects of vision are frequent. The fingers and toes may be webbed; the muscles of the palm of the hand are often badly developed, giving rise to flattening of the thenar and hypothenar eminences. Stoddart has pointed out that when the thumb is flexed it tends to face forwards like the fingers and does not rotate inwards.¹

In addition to the above anomalies, abnormalities of the different bodily systems are frequent. The heart may be small, and malformations are not infrequent; the circulation is nearly always poor, and chilblains are very common. In the lower-grade aments the respiratory movements are badly performed, and in consequence there is a great liability for tuberculosis to develop, and this is often augmented by a family predisposition to the disease. Owing to the imperfect manner in which the food is masticated, and to the rubbish frequently eaten, digestive troubles are common.

Changes in the powers of the reproductive system are often manifest. In the lower-grade aments the sexual functions are sometimes in abeyance,

¹Stoddart: *Mind and its Disorders*, p. 171. London: H. K. Lewis, 1912.

whilst in the milder cases of imbecility these functions develop later in life than in a normal person. On the other hand, high-grade aments are often unusually prolific, and numerous unfortunate instances of this could be quoted.

Apart from paralysis due to gross brain-lesions, there is often feeble development of the muscles, especially of the lower extremities, so that many of these patients cannot walk, or even stand. There is frequently imperfect development of the bones, and as a result deformities and diminished stature. The skin may be rough and dry, or coarse and greasy. Abnormal growth of hair is common, especially on the face of females.

NERVOUS AND MENTAL SYMPTOMS

Defects of the nervous system in aments are numerous, and involve both the sensory and motor functions. Ordinary and tactile sensation is dulled, and in consequence there is lessened sensibility to pain. It is important to remember this, for aments may not complain when suffering from diseases which, in a normal individual, are associated with severe suffering.

The special senses, especially sight, hearing, and taste, are often defective. Occasionally these patients are deaf also, but this is sometimes due to

disease of the ear itself, and may not be a cerebral defect. The brain is chiefly educated by impressions conveyed to it by the special senses, and, if from an early age these impressions are wanting, it necessarily follows the mind does not properly develop. This accounts for one kind of amentia, idiocy by deprivation. Organic sensations such as hunger and thirst are absent in the lowest grade idiots, and such patients would speedily perish unless properly cared for. Wet and dirty habits are frequent, and may depend on dulled sensations conveyed from the bladder or rectum, or on defective mental development.

Defects of the motor functions are often well marked. They may be arranged in three groups : (1) deficient movement ; (2) excessive movement ; and (3) abnormal movement. In the first of these, movements are deficient from the earliest age, and even such instinctive movements as crying and sucking are absent ; these children may never walk, or may be very backward ; they are dull and clumsy throughout life. Opposed to these is the second class, i.e. those characterized by excessive movements ; they are restless, and never still ; their sleep is often in short snatches, and they give great trouble to those in charge of them. Probably destructive habits are sometimes due to this motor

restlessness. Abnormal movements comprise such habits as grinning, frowning, shrugging the shoulders, purposeless movements of the fingers, and swaying the body backwards and forwards. This last movement is very characteristic, and appears to afford a pleasurable sensation to the patient ; in the writer's experience it is only seen in the lower-grade aments, and is of bad prognostic significance so far as mental improvement is concerned.

Inco-ordination of movement is always more or less present, and hence accomplishments such as writing or sewing, which require manual dexterity, are usually badly performed. Closely allied to motor actions is speech. Many aments are unable to understand what is said to them or to speak, although they may be very noisy. A higher grade can be made to understand, and can speak imperfectly, and a still higher grade can understand and speak fairly well, but the words are often pronounced in a way a young child does when learning to talk.

Mental symptoms differ in degree according to the various grades of amentia, but in every case the mind is affected in all its functions—intellectual, volitional, and emotional. The intellectual functions comprise the following : attention, perception

memory, reasoning, and judgement ; and these are all deficient in a greater or less degree.

Attention is of two kinds : (1) spontaneous, which is attention in its lowest form ; and (2) active or voluntary attention ; this is the kind of attention which is necessary to form ideas on a particular subject, and involves an effort of will-power. Even spontaneous attention may be absent in the lower-grade idiots, and hence they cannot protect themselves from injury. The higher imbecile possesses to a certain degree the power of active attention, and in consequence is educable to some extent. If impulses can be conveyed to the brain by more than one channel—for example, sight and hearing—they are more likely to arouse attention ; and this method is utilized for instructing imbeciles.

Perception, in a great measure, depends on attention for its development ; it is therefore defective in all cases of amentia ; in the worst cases it is probably completely absent. Concrete ideas are much more readily understood than abstract.

Memory.—Imbeciles often exhibit a very precocious memory, which appears to be developed at the expense of other mental faculties. A patient at Earlswood Asylum who was between fifty and sixty years of age could give a correct life-history, including dates, of many celebrities who lived prior

to the eighteenth century ; he was never known to read, and must have acquired this knowledge when a child ; he would reel off these histories parrot fashion, and did not seem to appreciate the significance of the facts he was relating. Speaking generally, the memory of aments for ordinary every-day occurrences is decidedly defective. The power of reasoning and judgement, especially on abstract ideas, is nearly always deficient.

The Emotions and Instincts.—The emotions exhibited by imbeciles are of the simplest kind, such as pleasure and pain ; these often centre round the organic appetites. The higher altruistic emotions are, as a rule, wanting, and egotism is always a prominent symptom. The higher-grade imbeciles are capable of exhibiting a certain amount of religious sentiment, but it is of a rudimentary nature, and does not appear to influence their conduct. Epileptic imbeciles especially are very fond of making a show of religion, but this does not prevent them from lying, swearing, stealing, or from committing other moral delinquencies. The majority of imbeciles and idiots are tractable and easily controlled ; some, however, are bad tempered and spiteful and given to acts of revenge. Cases of moral depravity are occasionally met with, and many vicious and cruel deeds, such as indecent

assaults, torturing animals, &c., can be traced to this class.

Volition.—The will-power of aments is always deficient. Self-control is markedly lacking, and this explains the restless activity many idiots exhibit. Impulsive acts are also common.

CLASSIFICATION OF IDIOTS AND IMBECILES

The classification of idiots and imbeciles presents many difficulties, and a number of different methods have been suggested. Dr. Ireland adopts a pathological basis, and this is the classification which most writers have used. Dr. Tredgold classifies cases of amentia from an etiological standpoint, and this method appears to be both scientific and convenient. He first divides all cases into two classes: (1) *Primary*, i.e. due to defect in the germinal plasma; and (2) *Secondary*, i.e. due to defective conditions of the environment, which may be operative either before or after birth.

The primary class include the following clinical varieties: (1) simple or genetous; (2) microcephalic; (3) Mongolian.

The secondary class include the following varieties: (1) epileptic and eclamptic; (2) traumatic; (3) toxic; (4) cretinoid; (5) hydrocephalic; (6) idiots by deprivation of the special senses.

Dr. Tredgold considers that 90 per cent. of all idiots and imbeciles belong to the primary class.

VARIETIES OF IDIOTS AND IMBECILES

In a chapter like the present, only a brief description can be given of the more distinctive varieties.

Microcephalic Amentia.—This term is applied to persons whose heads do not measure more than 17 inches at the greatest circumference ; but from a clinical and pathological point of view it would appear desirable to include in this group some cases with greater cranial measurements. In nearly all cases neuropathic heredity is present. It is now generally accepted that the small size of the head is due to imperfect cerebral development and not to premature ossification of the skull. Most cases may be classed as imbeciles ; they are restless, lively, and very imitative, occasionally epileptic. As a rule they are not an improvable class.

Mongolians.—These form a very distinctive class, and all closely resemble one another in features and disposition. No one cause is known to produce the condition ; many are the later born children of large families. Tredgold ascribes the condition to neuropathic heredity plus exhaustion of the mother. Their physiognomy resembles the Chinese—the head

is small and round, the features are broad, the palpebral fissures slant obliquely, the tongue is large and deeply fissured, the hands are short, broad, and spade-like, the skin is dry and rough, and the stature short. Inflammation of the mucous membranes is very common, especially of the conjunctiva. The majority belong to the imbecile class; they are tractable, easily pleased, and imitative. With suitable training they are capable of some improvement. They are very prone to tuberculous disease.

Epileptic and Eclamptic.—Epilepsy, as already stated, is present in some 30 per cent. of all aments. When the convulsions begin in infancy, the attacks are spoken of as eclamptic, and these frequently persist and become true epileptic fits, which continue throughout life. These fits are of both kinds, major and minor. The first convulsion often appears at teething. The amount of mental deficiency of this class varies from profound idiocy to mere feeble-mindedness. The fits gradually destroy the mental powers, and the more frequent the attacks the more rapidly is this accomplished. Many of these patients are spiteful and dangerous. The prognosis as to improvement depends on the frequency of the fits.

Traumatic.—In this class the amentia is due to

injury, sometimes at birth, and the chances of improvement are favourable.

Toxic.—The amentia is caused by some inflammatory condition affecting the brain either *in utero* or in infancy, and in the latter case often follows one of the specific fevers. These cases generally improve with training.

Cretinoid.—This class presents quite distinctive physical characteristics; they are dwarfed in stature, the head is large and the hair coarse and scanty, the face is broad and the lips thickened, the skin is dry and very loose, the abdomen is usually very prominent. Fatty tumours are commonly found above the clavicles. The thyroid gland is absent, and the lack of the secretion of this gland causes the arrested development. The walk is slow and waddling. Mentally they are dull and apathetic, but improve wonderfully, both physically and mentally, under thyroid treatment. Cretinism is endemic in Switzerland and some other countries.

Idiots by Deprivation.—This class is often blind, deaf, and dumb. It is possible, with great patience and resourcefulness, to improve them to a certain extent, as illustrated in the famous case of Laura Bridgeman. In many instances the deprivation is due to hereditary syphilis.

Moral Imbecility.—Occasionally persons are met with who appear to be lacking in all moral sense. They are most untruthful, given to stealing and other criminal acts. Sexual offences are also common among them. They are very plausible, and exhibit great cunning and deceit in avoiding detection. They form a large proportion of the criminal population of our prisons.

THE TREATMENT OF IDIOTS AND IMBECILES

The treatment of amentia should be both prophylactic and remedial. The first essential for efficient prophylaxis is permanent segregation of the feeble-minded, especially of females during the child-bearing period. This point was repeatedly emphasized by witnesses before the Royal Commission. It is especially necessary, having regard to the large number of children born to these persons. At the present day many of the more pronounced feeble-minded, as well as imbecile and idiot children, are sent to institutions to be educated. Until the passing of the Mental Deficiency Act, 1913, it was often the case that as soon as patients began to progress and to become useful they were removed by their parents, under the impression that they could work at home and earn money. That such, however, is not generally the case is shown by the evidence of Dr.

Caldecott before the Royal Commission. He traced the histories of 341 patients after discharge from Earlswood, and found of this number 3.25 per cent. were earning wages, 3.81 per cent. were at home 'very useful,' 7.5 per cent. at home 'useful,' the rest 'no good.' He added, in speaking of these 'brilliant exceptions': 'I am not quite sure that most of them would not have been better had they remained under care.'¹ Many of these improved patients, on the advent of some stress—often pregnancy—develop an acute attack of insanity and are sent to an asylum. From this attack they recover and are discharged, frequently returning again from the same cause. It is for the above reasons that permanent segregation is so desirable. Marriage amongst the feeble-minded should always be discouraged. It is an unfortunate circumstance that there appears to be a natural affinity for neuropaths to mate with each other, with the consequent intensified risk to the children. It is, moreover, very important that people should be made to understand the powerful influence that alcoholism and bad hygienic surroundings have in producing a neuropathic heredity.

Remedial treatment should be both medical and educational. It has already been pointed out that

¹ *Evidence of Royal Commission on the Feeble-Minded*, Vol. I, p. 603.

aments suffer from many physical defects, and these must be appropriately treated. In order that the brain may have the best possible chance of developing, it is necessary to keep the body in as perfect health as possible, and this can only be done by paying strict attention to such hygienic points as food, clothing, cleanliness, exercise, and ventilation. It is very necessary to see that the mouths and teeth of all patients are kept in as aseptic a condition as possible.

Epileptics require especial care; these patients are never safe, and should be under observation both by day and night, for a fit may come on at any time. Epileptic attacks are rendered more frequent by errors of digestion and constipation; the diet, therefore, of these patients requires strict supervision, and the quantity of meat should be limited.

Cretins improve marvellously when treated with thyroid gland extract, and this treatment should always be adopted.

Education, using the term in its broadest sense, should begin as early as possible. Speaking generally, patients are not received into institutions until they are about five years of age, and much can be said in favour of such a rule. In a good home a child should be able to receive individual care and attention, and a devoted mother or nurse can do much

for a defective child ; where the home surroundings are bad, however, early removal to an institution is advisable. If possible the acquisition of bad habits should be prevented, for these, when once acquired, are difficult to eradicate. Endeavours should be made to awaken the child's interest and engage his attention. As already pointed out, the mind is developed by sensations conveyed to the brain by the special senses, and it is most important to arouse and stimulate these. Muscular movements should be encouraged in the inactive, and undue restlessness repressed in those inclined to be excited. If possible the child should be taught to walk, and in cases where the muscles are badly developed massage is most beneficial. Dr. Shuttleworth regards music as very helpful in teaching children to talk, and says they can often be induced to hum tunes, and, if these are set to simple words and frequently repeated, the child may learn both the tune and the rhyme.

The system of training most suitable for mental defectives is the kindergarten, and this is the system used in practically all institutions for the imbecile and feeble-minded. Only the most elementary work can be attempted at first, and infinite patience, tact, and resourcefulness are required on the part of the teacher ; it may be months before the child makes

any apparent progress. The object of the training should be to gradually promote manual efficiency, leading up to the simpler forms of handicraft. If the child can acquire this, he or she may become partially self-supporting, and the work will be a source of happiness and pleasure. It is fallacious to suppose imbeciles can be made entirely self-supporting.

Of course it is only the higher-grade imbeciles that can profit by this training, but something can be done for even low-grade idiots. It is useless to attempt to train them in the same manner as those patients whose mental powers are better developed, but they can often be improved in their habits, and vicious tendencies can be checked.

Objection is sometimes taken to the training of imbeciles on the grounds that it is costly and the results are small. It is true the results are small as compared with normal children, but unless they do receive some training the higher-grade imbeciles will often develop depraved and criminal habits, whilst those of a lower grade will lead a mere animal existence. It is fully recognized by authorities who have had experience in this work that the untrained child is much more costly to maintain than one who has been trained. It is therefore important, both in the interests of the child and of

the public generally, that every effort should be made to ameliorate the lot of these unfortunate human derelicts.

LEGAL ASPECTS

Idiots and imbeciles are dealt with under two statutes, the Mental Deficiency Act, 1913, and the Lunacy Act, 1890. The former Act was passed as the result of the findings of the recent Royal Commission on the Care and Custody of the Feeble-Minded. Under this Act, mental defectives, which term includes idiots and imbeciles, may be placed in an institution or under guardianship: (*a*) at the instance of his parent or guardian if he is an idiot or imbecile, or at the instance of his parent if, though not an idiot or imbecile, he is under the age of twenty-one; or (*b*) if, in addition to being a defective, he is a person (1) who is found neglected, abandoned, or without visible means of support or cruelly treated; or (2) who is found guilty of any criminal offence, or who is ordered or found liable to be ordered to be sent to a certified industrial school; or (3) who is undergoing imprisonment (except imprisonment under civil process), or penal servitude, or is undergoing detention in a place of detention by order of a Court, or in a reformatory or industrial school, or in an inebriate reformatory, or

who is detained in an institution for lunatics or a criminal lunatic asylum ; or (4) who is an habitual drunkard within the meaning of the Inebriates Acts, 1879 to 1900 ; or (5) in whose case such notice has been given by the local education authority as is hereinafter in this section mentioned ; or (6) who is in receipt of poor relief at the time of giving birth to an illegitimate child or when pregnant of such child. Section 4 of the Act provides compulsory power for the detention of mental defectives, and Section 5 lays down that in order to obtain these compulsory powers there must be a medical order obtainable on petition of two medical certificates. The local authority responsible for administering the Act is the County or Borough Council. This Act came into force on April 1, 1914, and at present no experience is obtainable as to its working ; but it no doubt provides much greater protection for the feeble-minded than ever existed before.

Idiots and imbeciles may also be dealt with under the Lunacy Act, 1890, and be received in County or Borough Asylums. Many of these asylums now have special blocks set apart for children, and in some instruction on the Kindergarten principle is given with considerable benefit to the patients.

REFERENCES

THE following institutions have been certified or approved by the Board of Control under the Mental Deficiency Act, 1913, for the reception of 'defectives.'

St. Mary's Home, Alton.
 Home Glen, Strawberry Hill, Twickenham.
 Pontville Special Schools, Ormskirk, Lancashire.
 Miss James's Homes, West Moors, Bournemouth.
 Stoke Park, Bristol.
 Monyhull Colony, Birmingham.
 Midland Counties Institution, Chesterfield.
 St. Christopher's, West Ealing.
 Fernhurst, Ealing.
 Sunnyholme, Leicester.

The following hospitals and institutions are registered under the Mental Deficiency Act, 1913.

LOCALITY	NAME
Devon	Western Counties Institution for Mental Defectives, Starcross.
Essex	Royal Eastern Counties Institution for Idiots, Colchester.
Lancaster	Royal Albert Institution for Idiots, Lancaster.
Middlesex	Normansfield, Hampton Wick, Kingston-on-Thames.
„	The Gables, Upper Teddington Road, Hampton Wick, Kingston-on-Thames.
Somerset	Downside Lodge, Chilcompton, Bath.

LOCALITY	NAME
Somerset	Magdalen Hospital School, Combe Down, Bath.
Surrey	The Royal Earlswood Institution for Mental Defectives, Redhill.
Warwick	Midland Counties Idiot Asylum, Knowle, near Birmingham.

The following are under the control of the Metropolitan Asylums Board (London Office : Embankment, E.C.) :

Darenth Asylum, Dartford, Kent.
 Caterham Asylum, Caterham, Surrey.
 Leavesden Asylum, King's Langley, Herts.
 Tooting Bec Asylum, Tooting, S.W.

In Scotland there is the Scottish National Institution for the Education of Imbecile Children at Larbet. (Glasgow Office : Virginia Buildings.)

In Ireland there is the Stewart Institution for Idiotic and Imbecile Children, and Hospital for Mental Diseases. (Dublin Office : 40 Molesworth Street.)

The York Emanuel Fund (Office : 1 Market Street, York) has as its object : ' To benefit ministers of any denomination, and their wives, widows, and children, in any part of the United Kingdom, labouring under blindness or idiocy.'

Information in regard to cases may be obtained by application to :

The National Association for the Feeble-Minded,

Denison House, 296 Vauxhall Bridge Road,
London, S.W.

Lancashire and Cheshire Society for the Permanent
Care of the Feeble-Minded, Manchester.

Details respecting the more important institutions for the care and training of idiots and imbeciles will be found in *The Annual Charities Register and Digest*, prepared for the Charity Organization Society, Denison House, Vauxhall Bridge Road, London, S.W. London : Longmans, Green & Co. 5s. net.

The names and addresses of hospitals and asylums in Great Britain and Ireland for idiots and imbeciles and other forms of mental derangement will be found in *The Medical Directory*. London : J. & A. Churchill. Published annually. 14s. net.

The following works will be of service for reference :

ALEXANDER, W. : *The Treatment of Epilepsy*. Edinburgh : Young J. Pentland. 1889.

CLOUSTON, T. S. : *Clinical Lectures on Mental Diseases*. Sixth edition. London : J. & A. Churchill. 1904. 14s.

CRAIG, M. : *Psychological Medicine*. London : J. & A. Churchill. 1905. 12s. 6d. net.

DIEFENDORF, A. R. : *Clinical Psychiatry*. Second edition. New York : Macmillan & Co. 1907. 16s. net.

DUNCAN, J. : *Training and Education of the Feeble-Minded, Imbecile, and Idiotic*. 1866. 5s.

ELLIS, HAVELOCK : *The Criminal*. Third edition. London : Walter Scott. 1901. 6s.

- IRELAND, W. W.: *Idiocy and Imbecility*. London: J. & A. Churchill. 1877. 14s.
- IRELAND, W. W.: *Blot upon the Brain; Studies in History and Psychology*. Second edition. London: J. & A. Churchill. 1893. 10s. 6d.
- IRELAND, W. W.: *Mental Affections of Children: Idiocy, Imbecility, and Insanity*. Second edition. London: J. & A. Churchill. 1900. 14s.
- LANGDON-DOWN, J.: *On some of the Mental Affections of Childhood and Youth*. London: J. & A. Churchill. 1887. 6s.
- LANGDON-DOWN, R.: 'Idiocy' in *Quain's Dictionary of Medicine*. Third edition. London: Longmans, Green & Co. 1902. 21s. net.
- LEWIS, BEVAN: *Text-book of Mental Diseases*. London: Griffin. 1899. 30s.
- MERCIER, C.: *Sanity and Insanity*. London: Walter Scott. 1890. 3s. 6d.
- PITT-LEWIS, G., SMITH, R. P., and HAWKS, J. A.: *The Insane and the Law*. London: J. & A. Churchill. 1895. 14s.
- SAVAGE, G. H.: *Insanity and Allied Neuroses*. New edition. London: Cassell & Co. 1907. 12s. 6d.
- SHUTTLEWORTH, G. E.: 'Mental Deficiency' in *Green's Encyclopaedia and Dictionary of Medicine and Surgery*. Vol. VI. Edited by Dr. J. W. Ballantyne. Edinburgh and London: William Green & Sons. 1907. 15s. net.
- SOLLIER, P.: *Psychologie de l'Idiot et de l'Imbécile*. Paris. 1891.

- STRAHAN, S. A. K. : *Instructive Criminality : its True Character and Rational Treatment*. London : J. Bale & Sons. 1891.
- TUKE, D. H. : *Chapters in the History of the Insane in the British Isles*. London : Kegan Paul, Trench & Co. 1882. 12s.
- TUKE, D. H. : *A Dictionary of Psychological Medicine*. 2 vols. London : J. & A. Churchill. 1892. 42s.
- TUKE, J. BATTY : 'Insanity' in *Encyclopaedia Britannica*.
- WARNER, FRANCIS : *A Course of Lectures on the Growth and Means of Training the Mental Faculty*. Cambridge : University Press. 1890. 4s. 6d.

III

LUNATICS

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III

LUNATICS

THE word 'lunatic' is applied to persons of unsound mind who are under detention in asylums under certificates, or in the 'lunatic wards' of workhouses. There are scores of people of unsound mind who are not under official cognition, who are just living at home, or are placed in medical homes, or in the care of private persons; but as these people are not 'certified,' they do not come under the term 'lunatics.' Indeed, it is to avoid the stigma implied by the word 'lunatic' that the friends resort to all sorts of devices rather than have the invalid 'branded' with the true term; they are said to be 'neurasthenic,' or to have had a 'nervous breakdown,' or to be 'nervous'—anything to hide the real condition, and anything to avoid certification.

PREVALENCE OF LUNACY

There are 140,000 (in round numbers) lunatics in England and Wales under official cognizance—

Scotland and Ireland have special lunacy rules and authorities of their own—or about 36 per 10,000 of the population; and these are divided into acute and chronic cases. Of the acute cases many are cured; but as some doubt exists as to when the one class merges into the other, it is of doubtful value to give the relative numbers. We have here chiefly to deal with the chronic and incurable cases, the derelicts. Of all the victims of disease, none is more deserving of aid and sympathy than is the derelict lunatic. He is the leper of this country, to be avoided as a dangerous thing. He drifts here and there, a peril to others, full of despair and helplessness for himself, with the feeling that many would like to blow him up as an obstructive, though there may be others who, in a kinder spirit, would tow him away to a harbour of refuge, there to lie neglected until he rots away in forgotten desuetude. There are many thousands of these hopeless, incurable lunatics stowed away in county and borough asylums, chargeable to the rates and costing on the average from ten to twelve shillings a week each. The economic waste of life is therefore enormous, because these derelicts are of absolutely no use to the community, except inasmuch as they provide work for a certain number of people in looking after them, and in that they serve as

clinical examples for the elucidation of the ravages of disease.

THE CAUSATION OF LUNACY

The causes of insanity are divided into *moral* and *physical*, and either of these may be *predisposing* or *exciting* in turn. The moral causes are stress, worry, mental shock, business and political excitement, &c. ; whilst the physical are hereditary taint, alcohol, *sypilis*, rickets, imperfect nutrition, blood-poison, sunstroke, and injuries, &c. The precise influence of heredity is at present keenly debated, but there is little doubt that a bad heredity renders a person more liable to the action of other causes in setting up an attack of insanity. Much doubt exists as to the actual increase of lunacy in this country, i.e. whether there is really more than a *pro rata* increase, taking the relative increase of population into account ; but inasmuch as many insane persons are kept at home, and many imperfectly recovered persons are actually discharged from asylums, it is probable, if there is any truth in the theory of hereditary transmission, that an actual increase of lunacy, beyond the *pro rata* increment, does occur. The rôle of *alcohol* as a factor of insanity is very important. Observers vary in their estimates of the percentage caused

by drink, some placing it as high as 40 per cent., others as low as 14 per cent.; but though there is great difficulty in arriving at correct statistics, there is no doubt about alcohol being a potent cause of insanity, just as it is of crimes with violence. Moreover, persons who have a tendency to mental excitement or who have already suffered from an attack bear alcohol badly, and they should constantly be reminded that alcohol is an excitant and not a food, and that, therefore, it must be altogether avoided or taken with the greatest moderation.

CLASSIFICATION OF LUNATICS

Lunatics are usually classified according to their symptoms; thus they are said to be in a state of mania if excited, of melancholia if depressed, or of dementia if listless and apparently indifferent to what is happening in their environment. But the best of all classifications is that founded on the pathology of the condition, or else on one based upon the causes of the disease. In many instances it is just as useless to treat the mere symptoms of a disease by medicines as it is in the social scale to treat unemployment by doles. What we want to attack is the true nature of the morbid conditions underlying the symptoms. Unfortunately, in many instances we can only guess at these underlying

pathological states, and so we are forced to treat symptoms as they arise; and hence it is that, being ignorant of the exact nature of some of the morbid processes at work, we are apt to make mistakes in the prognosis or forecast of the progress of the case, so many different basic conditions having similar external appearances and signs. The 'natural' system of classification aims at giving distinct groups of insane conditions, such as the insanity of the puerperal state, insanity of phthisis, insanity of the climacteric period, &c.; but as there are many causes which have indefinite characteristics, this 'natural' system has fallen out of use. Wherever possible the most illuminating and comprehensive classification is to combine the symptoms with the cause, and so we speak of acute puerperal mania, or chronic traumatic dementia, &c.

THE DERELICT LUNATIC: A CLINICAL PICTURE

For the person suffering from acute insanity in some of its forms there is good hope of recovery. After a longer or shorter time the attack is over, and the patient is again a sane man, able to resume his occupation and his social obligations. But whilst going through the course of the illness he has

a very bad time. For most of the pain of ordinary diseases much in the way of alleviation can be procured, but there is little or no relief for the depression and the painful delusions of the lonely lunatic. Goaded on by hallucinations and false ideas, he meets with no sympathy at home, because the people in his environment do not understand him ; they contradict him or pay no attention to his expressed convictions, and at last he gives way to the morbid promptings, and either makes a suicidal attempt or attacks those around him, or in some other way follows out the insistence of his obsessions, and does something which brings him into the clutches of the law. Better far is it for him when he is removed to the asylum. There, at any rate, he is placed among people who understand his condition ; he finds himself in a haven of quiet, freed from the tossing to and fro of ignorant outsiders, and safe from unsympathetic remarks upon the peculiarities of speech and conduct which he is powerless to control. After being lifted from the jostle of the external world into the calm of the mental hospital the lot of the lunatic is still a hard one, for he finds that his liberty is largely restrained ; he discovers that a social stigma brands him, and he feels that confidence in his future actions is rudely shaken.

If the progress of the case is untoward, and the patient becomes a chronic lunatic, the rest of his life is indeed sad. The occasional visits of his friends do little to console him, because he is left to his solitude on their departure and to the cruel musings of his phantasies. He drifts at last into a listless monotony, an uninteresting routine, broken up now and then by such lucubrations as the present humane treatment allows and encourages. Under any circumstances the life of the lunatic is a risky one; he is exposed to the assaults of the afflicted ones in his vicinity, and he is not always able to understand what is being done for him, so that he becomes suspicious and distrustful, and is always liable to become aggressive through want of appreciation of the true nature of his surroundings. Happily, some patients are in a less pitiable condition, because they are able to recognize their incapacity for extended liberty; they feel themselves parted by an unclinchable force from their former life, and they resign themselves to the inevitable, and make the best of it. To such there is the insouciance of being merely dependants. They are much better housed than they were at home; they are liberally fed; they have even many luxuries and amusements; they have no anxiety for the morrow; and, above all, they are

protected both in mind, body, and estate. There is one thing, however, denied to them, and that is all that is embodied in the word 'liberty.' It is nothing to him that he may have abused it when he had it ; it is nothing to him that he is not now fit to have it ; but it is enough that he is deprived of the right of going where he likes and of doing what he likes, and few there are who do not resent this. We cannot blame him. It is in accordance with the law of evolution that what is earliest engrafted is the last to perish, and therefore in his feeble outcry for liberty he is but showing the remains of the grand organization which is the boast of his more fortunate congeners. How sad, then, must be the condition of the derelict who quietly accepts his abscission from the world and does not even long for freedom ! We should look very kindly upon his grumbles, and not tax him with ingratitude because he does not see eye to eye with us in all that is done for him.

THE PREVENTION OF LUNACY

The only chance for a person who becomes insane is to place him early under treatment. Derelicts are often the result of timidity and mistaken sentiment, the misplaced ignorance of those who for fear

of stigma hesitate to place them under proper conditions for recovery until it is too late. Only among the rich is it possible to treat these cases satisfactorily at home, and where no proper accommodation exists it is unfair both to the patient himself and to those in his environment to keep him in unfavourable surroundings. Many of the demented who crowd our asylums and workhouses might have been cured if they had been sent away early, as soon as the disease manifested itself. A due estimation of the causes of insanity and immediate steps taken to relieve the strain of these causes will do much to curtail an attack, though, unfortunately, those who are exposed to these detrimental agencies are compelled by force of circumstances to keep on beneath the burden, which grows daily heavier through delay. Still, much can be done by inculcating sobriety and moderation, freedom from worry and excitement, and as much rest as possible whenever stress of any kind is apparent. Over-exertion, whether in work or exercise, is to be avoided, and the custom of undertaking overtime occupations must be indulged with caution. Many people, after the day's work is done, spend the evening in excited discussion or in doing some form of work out of their regular routine which involves stress and late hours. Such measures for adding to their

income may be praiseworthy in intention, but are apt to be dangerous in practice. Anyhow, they must be pursued with eyes open to the danger of excess. It is not mere routine work which causes stress, but it is in the taking on of new channels that the strain comes. The woman who can cook has often the preservation of the health of the family in her hands. Not only does she provide savoury and wholesome food from the simplest materials, but she is able to economize and prevent waste. Then again, if the husband can rely on getting good meals at home, he has less temptation to spend his time and money in the public-house. His contentment is brought about automatically, and with a mind relieved from worry he sets about his work with more vigour and with the knowledge that his social life and his family are healthier, and that he has a rosy prospect in the future. And all this relief comes from the fact that his wife can cook ! Employment for the men and the knowledge of cookery for the women are the co-ordinates of health and contentment ; for the combination means a good family life, and there is no doubt that many are driven to drink, dissipation, and the lunatic asylum for the simple reason that their wives could not cook, and did not know the economics of the stock-pot !

THE TREATMENT OF LUNATICS

Never tax a person beyond his capabilities. There are numbers of young persons who are over-driven and rushed on the road to a breakdown. All are not capable of the ideals of their friends, and the only safe plan is to form an estimate of what the individual can do, and let him do it with judgement. There are few so feeble in mind or body but that some suitable occupation may be found for them, and it is much better to have a slow and steady cart-horse than a broken-down racer. If any one walks round a well-managed asylum, he can see how even the most degenerate intellect can be made useful and contented. Of course, this means special arrangements for occupation and a certain amount of skilled supervision which probably cannot be got at home ; but it cannot be too strongly insisted that adequate occupation, employment graduated to the capacity of the individual, is of the first importance. Plenty of opportunity exists all over the country for the reception and treatment of mental breakdown in all its forms ; indeed, the State having appreciated the danger of this form of disease, lack of accommodation is never permitted, because there are compulsory statutory measures for making it adequate. Application to the relieving

officer will always ensure skilled attention, and from the workhouse to the asylum there is an ever-ready organization for meeting any demands that may be placed upon it. The London County Council has for some time been entertaining the question of providing homes intermediate between the asylum and the home to which persons mentally afflicted may be transferred until it is seen what the ultimate result is likely to be. In this way early treatment will be assured; and as the ordinary lunacy forms of admission are to be dispensed with, there is manifested a laudable desire to meet the opinions of those who are still affected with the old boggy of 'stigma,' a crotchet which it seems impossible totally to eradicate. It may be too much to hope that a complete system of eugenics—which may be defined as marriage on scientific principles—will ever find much favour; but, at any rate, it should be stoutly maintained that marriages contracted where there is a family history of vice or disease should be avoided, as being unfair not only to posterity, but to the present social system, which has to pay heavily for the mistakes due to inconsiderate and degenerate alliances. It is a curious fact, but it is true, that the very persons most desirous of forming matrimonial alliances are frequently those who really suffer from some

acquired or congenital abnormality which should by rights disqualify them ; and particularly is this so in the insane, in whom the reproductive system and desire are often strongly developed. All well-wishers of the race should do their utmost to discourage these consummations of unhealthy impulse, which congest society with cranks and erratic temperaments, the cause often of much trouble and perplexity to their more undemonstrative neighbours.

The outlook of the treatment of lunacy is encouraging. A more scientific knowledge of the subject is being acquired, and by the establishment of laboratories great progress has been made in the study of the subject. Asylums are now conducted more on the lines of hospitals, and it is everywhere recognized that *insanity is a disease*, and must be treated by the most elaborate medical and surgical methods. The hope is that by providing opportunities for early treatment, and by educating the public to understand that we are face to face with a problem which has no special mystery about it, but is intimately connected with hygiene, with bacteriology, with eugenics, and with ordinary medical routine, we are on the right path for conducting to the best issue a form of disease which is, assuredly, one of the most blasting forms of impairment with which a community can be afflicted.

A Bill has recently passed through the House of Commons for the more comprehensive detention and treatment of all classes of weak-mindedness. This Bill is now law, and is already in operation. The Bill also includes proposals for the appointment of additional Lunacy Commissioners, of whom at least one is to be a woman. The effect of this measure upon the classes of mentally impaired persons of whom at present there is no official knowledge will be very far-reaching, and much good is to be anticipated in the direction of preserving the integrity of the race by the better elimination from it of some of the factors of deterioration.

REFERENCES

IN addition to the references provided at the end of each of the preceding chapters the following will be of service for purposes of further study :

- CLOUSTON, T. S. : *The Hygiene of Mind*. Fourth edition. London : Methuen & Co. 1908. 7s. 6d.
- COLE, R. H. : *Mental Diseases*. London : Hodder & Stoughton. 1913. 10s. 6d. net.
- CRAIG, M. : *Psychological Medicine*. London : J. & A. Churchill. 1912. 12s. 6d. net.

SHAW, T. CLAYE: *Ex Cathedrâ Essays*. London :
Adlard & Sons. 1904. 5s. net.

STODDART, W. H. B. : *Mind and its Disorders*. London :
H. K. Lewis. 1913. 12s. 6d. net.

See also articles in Vol. VIII, ' Diseases of the Brain
and Mental Diseases,' in Sir Clifford Allbutt's *New
System of Medicine*. London : Macmillan. 25s. net.

A list of institutions dealing with mental cases will
be found in *The Annual Charities Register and Digest*,
published by the Charity Organization Society, Denison
House, 296 Vauxhall Bridge Road, London, S.W., from
which body information may be obtained on application.

Among organizations dealing with the needs of mental
patients special reference should be made to the work
of the After-Care Association for Poor Persons discharged
from Asylums for the Insane, the office of which is at
Church House, Dean's Yard, Westminster, S.W.

IV

THE FEEBLE-MINDED

REGINALD L.
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*Physician to the National Association
for the Welfare of the Feeble-
Minded*

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IV

THE FEEBLE-MINDED

THE definition of the feeble-minded adopted by the Royal Commission¹ described them as 'persons who may be capable of earning a living under favourable circumstances, but are incapable, from mental defect existing from birth or from an early age, (a) of competing on equal terms with their normal fellows, or (b) of managing themselves and their affairs with ordinary prudence.' They stand between the normal, though slow and backward, child on the one hand, and the imbecile on the other. The nature of their defect is the same as that of the imbecile; the amount of the defect is less. The feeble-minded are distinguished from the imbecile, according to the definition adopted by the Royal Commission, by the criterion that the latter are 'incapable of earning their own living' under any

¹ *Report of the Royal Commission on the Feeble-Minded*, p. 324.

circumstances. On the other hand, the slow-developing, backward but normal child will presumably be able, with due care and preparation, to earn his own living unassisted.

CONSIDERATIONS ON DEFINITIONS

No hard-and-fast line can be drawn between imbecility and feeble-mindedness ; they are different parts of a single morbid group, discriminated not by a scientific but by a social test. From the nature of the case it is a test which cannot be applied directly in childhood ; it must, therefore, as regards children, depend on the opinion of the observer as to the probable future development of the individual.

Under the provisions of the Mental Deficiency Act, 1913, imbeciles are defined as ' persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so ' ; whereas feeble-minded persons are stated to be those ' in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection and for the protection of others, or, in the case of children, that they by

reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools.' It will be seen from this that the feeble-minded person is regarded as not incapable of managing himself and his affairs. This is not altogether in harmony with the view taken by the Royal Commission ; it is very doubtful whether a feeble-minded person can be said to be capable of managing his affairs, though he may be able to conduct himself in such a way as to pass muster in his own or a lower rank of society.

This definition of feeble-mindedness does not rest on the question whether an individual may be capable of earning a living under favourable circumstances, or on his ability to compete on equal terms with their normal fellows, but on the sort of provision necessary for his proper handling.

PRESENT LEGAL STATUS

The term 'feeble-minded' now appears on the statute-book for the first time. Children dealt with by the Defective and Epileptic Children Act, 1899, are described as 'children who, not being imbecile, and not being merely dull and backward, are, by reason of mental defect, incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but are not incapable by reason of such

defect of receiving benefit in such special schools and classes as are in this Act mentioned,'¹ and undoubtedly belong to this group. The provisions of this Act apply to feeble-minded children up to the age of sixteen. The Mental Deficiency Act leaves the responsibility for dealing with such children between the ages of 7 and 16 on the Education Authority, and a bill is now before Parliament making it compulsory for the Education Authority to make suitable provision for their education if they are deemed to be educable. Above the age of 16 these cases have up to the passing of the Mental Deficiency Act, 1913, been affected by no special laws so long as their mental condition remains such that they cannot be certified under either the Lunacy Act, 1890, as lunatic, idiot, or person of unsound mind; or under the Idiots Act, 1886, as idiot or imbecile. Many feeble-minded persons have hitherto been cared for in the institutions registered under the Idiots Act, to their great advantage. That Act has now been repealed and the institutions have been placed under the provision of the Mental Deficiency Act, 1913.

§ ¹ The children thus defined are referred to as 'defective children'; in the *Report of the Royal Commission* the term 'mentally defective' is understood to mean children in public elementary schools suffering from all kinds of mental defects.

The administration of the Mental Deficiency Act is placed in the hands of a Board of Control under the Home Office. This will be practically an enlargement of the present Lunacy Commission, and will also administer the Lunacy Acts.

The feeble-minded form one of the four groups of defectives within the meaning of the Act. For such of these defectives as have become liable for various specified reasons to be 'dealt with' under the Act, powers of detention and control, subject to adequate safeguard, have been granted, and a duty has been imposed upon the local authority of making provision for their care and maintenance so far as it is beyond the means of those responsible for the defective to do this. Parliament is to provide money in equal amount to that spent by the local authority in this work up to a certain limit. Defectives may be 'dealt with' by being sent to or placed in an institution or under guardianship. A feeble-minded person under twenty-one may be dealt with in this way, without having come in contact with the law in any way, at the instance of his parent, upon two medical certificates countersigned by a judicial authority. A feeble-minded adult can only be 'dealt with' on the order of a judicial authority. Such feeble-minded persons of full age as have

not come into contact with the law in one of the ways specified in Section 2 (1) b cannot be detained against their will. It is probable, however, that the definition of 'imbecile' in the Act will be found wide enough to cover such cases of slight defect as require detention in an institution, but have not rendered themselves liable to be dealt with. Imbeciles may be dealt with, at the instance of a parent or guardian, simply on two medical certificates. For such feeble-minded persons as do not require detention under an order provision has been made in the form of 'Approved Homes.' These must be supplied by voluntary effort, and can only receive voluntary boarders; but the local control authorities may contract with them to receive patients. County Councils and County Borough Councils have to appoint Mental Deficiency Committees, which will practically be the local authorities under the Act. Certain powers are left to Boards of Guardians in respect of defectives. In case of need, therefore, application may be made either to the clerk to the local Mental Deficiency Committee or to the relieving-officer. In the case of a child of school age, the Education Authority will deal with the case, unless the parents are in a position to do so independently.

STATISTICAL ENUMERATION

Dr. Tredgold¹ estimates from an analysis of the figures obtained by the Royal Commission that the total number of 'mentally defective' children in England and Wales is 0.83 per cent. of the school population, and amounted to 50,665, or 1.45 per thousand of the whole population. He estimates that on the same basis of calculation, and taking the country as a whole, there are in every 10,000 people: Idiots, 2; imbeciles, 7; feeble-minded, 29 (adults 15, children 14); insane, 36. These figures show the relative importance of feeble-mindedness not only to the general population, but also to the other groups of mental defect. The great majority of feeble-minded children were found to be in public elementary or special schools.

Thus there were found: In receipt of relief or in institutions, 130 = 3.9 per cent.; not receiving relief (at present), 267 = 8 per cent.; in public elementary or special schools, 2,936 = 88.1 per cent.

The same inquiries also showed that the boys in this group exceed the girls in the ratio of three to two. The Royal Commissioners estimated that 35,662 mentally defective children were in need of

¹ Tredgold, A. F.: *Mental Deficiency*, p. 158 seq. Second edition. London: Baillière, Tindall & Cox. 1914. 12s. 6d. net.

provision, either in their own interest or for the public safety.

The total number of mentally defective children under the Act of 1899 in London in 1908¹ was approximately 7,000, including those under the care of the Metropolitan Asylums Board. The imbecile children numbered 1,113.

Under the Education (Administrative Provisions) Act, 1907, medical inspection in elementary schools has been made universal, and it is now the duty of the education authority to ascertain what children within their area are defective children; cases of mental deficiency in children of school age will thus be brought under official cognizance in a systematic manner unknown before.

CAUSATION OF FEEBLE-MINDEDNESS

The causes of feeble-mindedness are divisible into (a) conditions existing in one or both of the stocks from which the individual has sprung, in which case the defect is *innate*, and *transmitted* to him according to the laws of heredity; and (b) those which affect the individual either before, at, or subsequent to birth, in which case the defect may be regarded as *acquired*. Among the former are insanity, epilepsy,

¹ *Report of Education Committee, L.C.C., for twenty-one months ending December, 1908.*

and allied diseases and degenerations of the nervous system ; intemperate living and diseases, such as tuberculosis, which undermine the general health. Among the latter are ill health of the mother, injuries to the child at birth or after, zymotic diseases, convulsions, and malnutrition. The majority of cases of feeble-mindedness are attributable to the former group. The latter group of causes generally produces the more extreme degrees of defect.

The causation is seldom simple ; the adverse conditions may be combined in various ways, and where this is so, the risk of mental defect appearing is increased. Thus there may be a bad nervous inheritance on both sides of the family ; or on one side there may be a tendency to phthisis, and on the other to alcoholism ; or the parents may both be derived from the same defective stock. In all such cases the probability of transmission in the form of mental defect is accentuated, and environmental conditions may become potent for evil. In some cases no cause can be assigned.

DESCRIPTION OF THE FEEBLE-MINDED

Mental deficiency is often accompanied by marked bodily defects, and this is true of the feeble-minded, though perhaps to a less degree than in the case of the graver mental defects. Ungainliness and

torpidity of attitude and movement and facial expression are often seen. There may be inertia or excessive mobility or lack of rhythm. Complex co-ordinated movements are slowly and imperfectly acquired. Sense perception is below the normal. The vocabulary is generally limited, and speech is often hesitating or indistinct. There is a want of the higher faculties, such as foresight, judgement, common sense, voluntary effort, and initiative. Only simple relations can be appreciated, and any sort of abstract reasoning presents difficulties, and there is an inability to adjust means to an end. The feeble-minded person is defective in self-control and common prudence, so that he does not readily adjust himself to any but a very simple environment. He has little perseverance; and though he may be obstinate, he is not as a rule determined. He is easily led astray by example or suggestion, but he can be appealed to through the simpler emotions, and is very amenable to sympathetic discipline. As spontaneity is low, habit is strong; and if good habits are firmly and early taught, a very reliable character may often be formed. In some cases, however, there is an almost complete want of moral sense, and no feeling of shame or remorse; others are liable to outbursts of temper without adequate cause.

MEASURES FOR DEALING WITH FEEBLE-MINDED CASES

Owing to the defective or arrested development of important elements in the brain, the condition of feeble-mindedness is essentially permanent and incurable. This fact must be borne in mind in proposals for dealing with the mentally defective as a class, as well as in the individual case; otherwise effort may be expended upon ill-advised schemes. The measures for combating the evil must be either preventative or ameliorative.

Prevention.—Prevention in the widest sense will have to take account of the conditions which tend to cause a variation from the normal or adversely affect the developing embryo and seek to remove them. More directly it must have for its aim to restrict the transmission of known tendencies to defect, by preventing as far as possible those in whom mental defect is actually manifest from reproducing their kind.¹

For some cases statutory powers of control are necessary, but for the most part reliance must be placed on educating public opinion in regard to the risks attaching to ill-assorted unions and the transmission of disease.

¹ See *Report of Education Committee, L.C.C., 1909*; also *Report of Royal Commission*, p. 185.

Amelioration.—Ameliorative measures deal with the individual. They must aim to develop as far as possible his mental and physical capacity, to provide suitable means for the employment of his faculties, and such supervision and control as may be necessary to promote habits of orderly conduct.

Education.—There is no royal road to success in the instruction of the feeble-minded. Patience and perseverance are the foundation. The principles of education must be applied even more thoroughly than in the case of the normal; the feeble-minded cannot take short-cuts or find the way for themselves. From the simple to the complex, from the known to the unknown, from the thing signified to the symbol for it, from the concrete to the abstract—these are the sign-posts the teacher must ever follow, using all the sense roads from the outer world to the feeble mind in the fullest possible way and with frequent repetition.

It is impossible in the space available to do more than point out the broad principles which should guide our action. Many useful hints as to detail may be found in a study of the Montessorian methods, which follow closely the principles and the practice laid down by the great pioneer Seguin. It is a mistake to devote too much time to ordinary school

subjects for which the child is clearly unapt, and from which he will derive little value hereafter.

Occupation.—The school should be mainly a preparation for the workshop, the field, or the work of the house, only pursuing the usual school course where there is a real facility in this direction, and where obvious benefit to the individual is likely to result. Farm and garden work for boys and laundry work for girls are the industries most generally suitable. In addition, cleaning, scrubbing, cooking, needlework, fetching and carrying, distributing stores, &c., upholstering, rough painting, fencing, carpentering, basket-making, tailoring, weaving rugs and other materials, mending boots, and even printing, have been found useful ways of employing time and energies.

Management.—More important than instruction proper is an understanding management which, while imposing a steady sympathetic control from without, at the same time aims at developing self-control, so that the need for external control becomes occasional only.

From the first there are great advantages in a residential training home or school. Many habits of order, cleanliness, and right living have to be inculcated, which are most likely to be neglected or misdirected under the intermittent régime of the

day school, with, perhaps, home surroundings of a bad kind. The continuity of oversight and the permanent influence of a home are often essential.

These conditions are best met by the 'colony' system. In its fullest development the 'colony' is prepared to deal with all degrees and ages of mental defectives duly classified, and provides for the elementary instruction, manual and industrial training for children of school age and upwards, co-ordinated with a view to a permanent life of usefulness and happiness in the 'colony.' It is generally agreed that educative influences and training may continue to benefit well into adult life.

For economy of working and satisfactory classification the numbers in the 'colony' should be considerable ; there should be ample land for working and development, but the administrative buildings and expenses should be on the lowest scale possible.

EXISTING PROVISION FOR FEEBLE-MINDED DERELICTS

The existing provision is inadequate both in extent and character, although the institutions for imbeciles have always received a certain number of feeble-minded patients, and a number of homes and colonies have recently been established.

On July 31, 1908, there were 152 day schools in

England and Wales for mentally defective children, provided by 40 Education Authorities, and utilized by 72 other authorities.¹

Should it be desirable, either in the child's interest or in that of the family, that he should be placed in some home, either for training or protection, application may be made to one or other of the homes or institutions mentioned at the end of this chapter. A large number of the homes are either directly managed by the National Association for the Feeble-Minded, or are affiliated to it; there is a Case Committee of the Association which is prepared to advise in difficult cases and to recommend the home most appropriate to the case.² The cost of maintaining a child in most of these homes is from 8s. to 10s. a week; and if this is beyond the parents' means, it may be necessary to obtain assistance, in whole or in part, from the local Central Committee or from the Guardians.

It may be that the case is one which can be certified under the Mental Deficiency Act as suitable to be dealt with by being placed in one of the voluntary institutions certified under that Act; into some of these admission on moderate terms can only be obtained by election.

¹ See *Report of Board of Education*, 1907-1908.

² Application should be made to the Secretary, Miss Kirby, Denison House, 296 Vauxhall Bridge Road, London, S.W.

Several of the homes have adopted the principle of permanent care, and made this a condition on entry; these have been indicated in the following list.

The provision in London is more abundant and varied than in the provinces, owing to the existence of the Metropolitan Asylums Board, which provides for the needs of large groups of Boards of Guardians, and also owing to the numerous schools and classes established by the London Education Committee. The latter body has three residential schools—one for mentally defective deaf, one for mentally defective blind, and one for children very difficult to train in the ordinary and special schools, or who come from particularly bad homes. It also sends children to two residential schools for mentally defective children at Brixton and Sandwell Hall, which have been recognized by the Home Office as industrial schools.

The Metropolitan Asylums Board has seven homes scattered over London for feeble-minded children from seven years and upwards—three for boys, three for girls, and one for cases up to twenty-one years. These provide board and lodging for children in the neighbourhood of special schools under the Education Committee which the children attend.

In addition, Darenth has been organized into a system comprising schools and an industrial colony

to provide accommodation and training for improvable cases of all ages ; while at Tooting Bec there is a receiving home for the observation and classification of children.

As yet the local authorities have not had time to provide institutions under the Mental Deficiency Act, nor is it certain which of the existing homes will become 'certified institutions' and which 'approved homes.' Information on these points can doubtless be obtained from the Board of Control. It must be remembered, too, that almost certainly in the near future education authorities will be required to supply, either separately or in co-operation, special classes or residential schools for all children of school age in need of such accommodation.

REFERENCES

PARTICULARS regarding institutions for feeble-minded cases will be found in connexion with references given at the end of other chapters in this volume. The following may, however, be given here as providing a conveniently arranged list for reference by practical workers :

The National Association for the Feeble-Minded
(N.A.E. Offices : Denison House, 296 Vauxhall

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Bridge Road, Westminster, S.W. Secretary: Miss A. P. H. Kirby) conduct or can recommend a number of homes. The Case Committee of the Association is frequently able to give advice as to how feeble-minded cases should be dealt with, and it is advisable to write to the Association before communicating direct with the homes.

The following homes are directly managed by the Association :

- (1) Alexander House. For girls. Payment, 10s. weekly.
- (2) Upshire Boys' Farm Training Home. 10s. weekly.
- (3) Coningham Road Home. For mothers and infants from workhouse maternity wards. 10s. for mothers, 5s. for infants.

The following are affiliated homes :

- (1) Girls' Training Homes, Clapton, N.E. (Hon. Secretary : Miss Bartholomew, 15 Clapton Square, N.E.) For young feeble-minded girls and children. Payment, 8s. 6d. and 10s. per week.
- (2) Home for Feeble-Minded Girls, Handford Home, Ranelagh Road, Ipswich. (Hon. Secretary : Miss Jefferies, St. Helen's Lodge, Ipswich.) For cases 8 to 18 years. Payment, 6s. a week.
- (3) Laundry and Home of Industry, Bow Villa,

- Morpeth. (Hon. Secretary: Mrs. Basil Hoare, Orde House, Morpeth.) For feeble-minded girls over 12. 6s. a week.
- (4) Laundry and Home of Industry, Birmingham. (Hon. Secretary: Miss Stacey, 30 Calthorpe Road, Birmingham.) For feeble-minded young women over 15. 6s. a week.
- (5) Mary Carpenter Home, Causeway, Fishponds, Bristol. (Secretary: Mrs. Gilmore Barnett, 11 Victoria Square, Clifton, Bristol.) For girls, ages 14 to 24. Payment, 8s. 6d. a week.
- (6) Oxford Home for Feeble-Minded Girls. (Hon. Secretary: Mrs. de Selincourt, 2 Grove Place, Oxford.) Girls over 15. Payment, 6s. to 8s. a week.
- (7) St. Mary's Home, Painswick, Gloucester. (Hon. Secretary: Miss Wemyss, Washwell House, Painswick.) For slightly feeble in body and mind. Any age over 8. 6s. to 7s. 6d. a week. Small cottage for ladies, 10s. 6d. to £1 a week.
- (8) Home for Feeble-Minded Girls, Ashton, near Chester. (Hon. Secretary: Miss Grayson, 29 Ullett Road, Sefton Park, Liverpool.) Girls 14 to 20. 6s. to 7s. weekly.
- (9) Adcote Home, Knotty Ash, Liverpool. (Hon. Secretary: Mrs. Pilkington, Wheathill, Huyton, Liverpool.) For girls 14 to 20. Payment, £15 12s. a year.
- (10) Chasefield, Fishponds, Bristol. (Hon. Secretary:

Miss A. M. Lavington, 107 Pembroke Road, Clifton.) For girls. 7s. weekly.

The Metropolitan Asylums Board (Offices : Thames Embankment, London, E.C.) is the responsible authority for a number of institutions dealing with feeble-minded cases. The following are the chief :

- (1) Asylums at Dartford, Caterham, King's Langley, Tooting, and Belmont.
- (2) Homes for feeble-minded children not certifiable under the Lunacy Acts at 11 and 12, Lloyd Street, Pentonville ; 60-64, Kingwood Road, Fulham ; Surrey House, St. Ann's Hill, Wandsworth ; 81 Earlsfield Road, Wandsworth ; 16 Elm Grove, Peckham.
- (3) Working Colonies for elder cases at High Wood School, Brentwood, Essex (females), and Bridge Industrial Home, Witham, Essex (males). Admission to these institutions is by order of Board of Guardians through relieving-officer.

The following also make provision for feeble-minded cases :

- National Institutions for Persons requiring Care and Control. (Offices : 14 Howick Place, Victoria Street, Westminster, S.W.)
- Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded. (Hon. Secretary : J. S. Walker, Esq., Stretford, Manchester.)

Homes at Sandlebridge for boys and girls under 13. By payment. To remain permanently.

Glasgow Association for the Care of the Feeble-Minded. (Hon. Secretary: A. H. Charteris, Esq., LL.B., 79 West Regent Street, Glasgow.) Home at Waverley Park, Kirkintilloch, for girls over school age. Payments in accordance with circumstances of parents and guardians.

The following institutions deal with feeble-minded subjects:

Earlswood Asylum. (Office: 36 King William Street, London, E.C. Secretary: H. Howard, Esq.) Admission by election of subscribers or payment. Candidates by election must be five years of age and not paupers.

Eastern Counties Asylum for Idiots, Imbeciles, and the Feeble-Minded. (Office: Station Road, Colchester. Superintendent and Secretary: J. J. C. Turner, Esq.) Epileptics not eligible. Admission by election of subscribers from counties of Essex, Suffolk, Norfolk, and Cambridge, and by payment of £45 to £60 per annum from all parts.

Home for Defective Boys, Littleton, Guildford. (Correspondent: Miss P. D. Townsend, 3 Albert Place, Kensington, W.) For boys under 14. Admission by payment on application to Correspondent.

Western Counties Idiot Asylum, Starcross, Exeter.

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(Superintendent and Secretary: Ernest W. Locke, Esq.) Private patients and pauper patients taken. Some free cases admitted from Devon, Dorset, Somerset, and Cornwall. Epileptics not eligible.

Midland Counties Asylum for the Feeble-Minded, Knowle, Birmingham. (Secretary: A. H. Williams, Esq.) Admission by election and nominal payment or payment only. Cases of any age over 4 taken.

The Royal Albert Asylum, Lancaster, for the Feeble-Minded of the Northern Counties. (Medical Superintendent: Dr. Archibald R. Douglas. Secretary: Samuel Keir, Esq.) For boys and girls, ages 6 to 15 at date of application. Free by election, or by payment at from 25 to 200 guineas a year.

It should here be noted that many non-residential schools are provided by the London County Council for physically and mentally defective children. Admission to these is free.

In Scotland a number of feeble-minded children are provided for by the

Scottish National Institution for the Education of Imbecile Children, Larbert, N.B. (Treasurer and Secretary: A. J. Fitch, Esq., Virginia Buildings, Glasgow.) Admission by election of subscribers, nomination by directors, or payment. Epileptic cases taken if also imbecile.

In Ireland cases are taken by the

Stewart Institution for Idiotic and Imbecile Children, and Hospital for Mental Diseases, Chapelizod, Co. Dublin. (Secretary: Wm. Mc. C. O'Niell, Esq. Offices: 40 Molesworth Street, Dublin.) Idiots and imbecile children admitted by election of subscribers, either wholly or partially free. Lunatics taken without election. Minimum annual payment, £50.

A useful 'List of Institutions for the Relief, Cure, and Care of Persons suffering from Paralysis, Epilepsy and other Nervous Diseases, and for Incurable Imbecile and Feeble-Minded Persons' is published by the National Hospital for Paralysed and Epileptic, Queen's Square, London, W.C. (3s. 6d. per 100), and will be found of service for distribution by social workers.

Many of the works mentioned in the lists at the end of the preceding chapters deal with problems relating to the feeble-minded. Special reference may, however, here be made to the Reports of the Annual Conferences of the National Association for the Feeble-Minded, and the other publications of this Association. (Offices: Denison House, 296 Vauxhall Bridge Road, London, S.W.) The following works will be found of special service :

BEACH, F., and SHUTTLEWORTH, G. E.: Articles on 'Idiocy and Imbecility' in Sir Clifford Allbutt's *New System of Medicine*. Vol. VIII. London: Macmillan. 1899. And in Hack Tuke's *Dictionary of Psychological Medicine*. London. 1892. 42s.

- FRY, E. : *The Problem of the Feeble-Minded*. London : P. S. King & Son. 1909. 1s. net.
- IRELAND, W. W. : *The Mental Affections of Children*. Second edition. London : J. & A. Churchill. 1900. 14s.
- LAPAGE, C. P. : *Feeble-Mindedness in Children*. Manchester : University Press. 1911. 5s. net. Contains list of homes and institutions for the mentally defective.
- SHERLOCK, E. B. : *The Feeble-Minded*. London : Macmillan & Co. 1911. 8s. 6d.
- SHUTTLEWORTH, G. E., and POTTS, W. A. : *Mentally Defective Children : Their Treatment and Training*. Third edition. London : H. K. Lewis. 1910. 5s.
- TREDGOLD, A. F. : *Mental Deficiency*. Second edition. London : Baillière, Tindall & Cox. 1914. 12s. 6d. net.

V

THE EPILEPTIC

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V

THE EPILEPTIC

SURELY of all human derelicts the most pitiable is the epileptic derelict. These human wrecks on the ocean of life drift through no fault of their own, and often through no sin of their parents, though such opinion runs counter to popular notions. But it must be remembered that there are varying classes of epileptics. This chapter is not concerned with any but the *confirmed epileptic*. Many a genius has suffered occasionally from fits said to be epileptic. Julius Caesar, Napoleon, the prophet Mohammed, are often given as examples ; and at the other end of the scale it is probable that many a poor prisoner has paid the extreme penalty of the law for crimes committed when unconscious in the pre- or post-epileptic state.

NOMENCLATURE

The word 'epilepsy' is derived from the Greek *ἐπι λαμβαινο* (to fall upon), and the original spelling was 'epilency'; but the disease itself has been known amongst all nations and by many a title. To the ancients it was known as 'the disease of Hercules,' because the life history of that god, as depicted by Euripides and Seneca describes well the epileptic and the epileptic temperament. The Romans knew the disease by several names: *Morbus caducus* (the falling sickness), but more commonly *Morbus comitialis* (the disease of the assemblies), since, if a person had a fit during the assembly, all the proceedings were at once stopped and all Acts just passed annulled. The French term *grand mal* was derived from Celsus, who called epilepsy *Morbus major*, because the disease was terrifying and great and grand! The ancient Egyptians, steeped in astronomy, attributed the disease to the evil influence of the moon and stars; hence to them epilepsy was familiar as the *Morbus lunaticus et astralis* (the moon and star sickness). In the eighteenth century a Swiss, named John Joseph Gannes, called the disease *Morbus demoniacus*. He was a charlatan and religious fanatic, and himself epileptic.

Despite its hoary antiquity, the disease still baffles modern science. We can control it in some cases, but we do not yet understand the nature and causation of the disease; neither can we in any definite case promise a certain cure.

HEREDITARY FACTORS IN EPILEPSY

I was surprised and a little vexed a few months ago by a remark passed by a well-known minister after being shown round the homes for epileptic children at Lingfield. 'Poor children!' said he. 'To think that they are all the victims of their parents' sin!' I asked him what he meant. 'Surely,' he answered, 'epilepsy is always the product of a shameful disease in one or both of the parents?' Alas for such ignorance! Yet he only gave expression to what seems to be a widespread belief, unsound and unfounded though it be. We do not yet know what actually causes the epileptic fit, but from the study of a patient's family history we may often discover 'predisposing causes' in neuropathic tendencies in one or both parents. I have lately had the opportunity of examining fairly completely the family history of 154 epileptic children. This is a small number, but the information gained is, I think, of some interest. I searched

for the existence of neuropathic tendencies, grouped under five different headings: (1) Epilepsy; (2) alcohol; (3) insanity; (4) phthisis; (5) other nervous diseases (e.g. hysteria, paralysis, meningitis). Syphilis and cancer were also at first included, but I found so few cases that they seemed hardly worth considering. As regards the absence of syphilitic taint, this is specially interesting as contradicting the apparently widespread belief that the disease is directly caused by venereal disease in one or other of the parents. Out of the total 154 cases, the family history of 20 patients (12.98 per cent.) was healthy, and in 27 cases (17.52 per cent.) it was unknown, leaving 107 cases (69.48 per cent.) showing one or more of the above-mentioned five morbid taints. One was specially struck with the prevalence of the history of phthisis, either alone or in conjunction with one or other of the morbid tendencies, totalling 43 out of 107 cases (40.18 per cent.). Epilepsy came second with 40 (37.38 per cent.). A history of alcoholism could only be traced in 8, insanity in 10, and other nervous diseases in 20 cases.

I have prepared a table showing the relatives affected in the 107 cases. As one would expect, the parents, brothers, and sisters of the patients are the chief to exhibit the diseases:

DISEASE	NEAR RELATIVES				MORE DISTANT RELATIVES	
	(Father, mother, brothers, and sisters).				(Grandparents, uncles, aunts, &c.).	
Epilepsy	42	..	..	19
Alcohol	10	..	..	3
Phthisis	42	..	..	34
Insanity	7	..	..	16
Other nervous diseases	..	20	..	..	..	10

If it be true that the tuberculous diathesis is more likely to produce epilepsy than that of any other disease, it is encouraging to remember the great fight now being made against tuberculosis, which may incidentally help greatly in reducing the number of epileptic children born into the world.

TYPES OF EPILEPSY

We are dealing entirely with what is called Idiopathic Epilepsy in this chapter. The patient may suffer from 'big fits' (*Grand Mal*), and these may be complete or incomplete ; or from 'minor fits' (*Petit Mal*). These, again, may be complete or incomplete. If incomplete, they are generally termed 'sensations.' Several factors even in infancy may indicate that the child may become epileptic, such as delayed dentition, convulsions, backwardness in learning to talk and walk. Parents often allege as the cause a blow on the head or a fall, but careful

inquiry will often elicit the fact that the fall or the blow occurred *after*, not before, the first fit. The epileptic is usually self-centred, passionate, often morose, with a great belief in his own powers, emotionally unstable, and with no initiative. He is also often destructive, deceitful, dishonest. Yet there is a brighter side to his disposition, for he is often affectionate, and is generally easily influenced for good. Though emotional, he responds to firm sympathetic moral influence. The sexual instincts are usually prematurely developed, and, unless carefully watched, habits of self-abuse are indulged in, and are overcome with great difficulty.

THE OUTLOOK FOR THE EPILEPTIC

If the parents of an epileptic child are well off, and able to secure a well-trained attendant and teacher, the child may do fairly well. But this course of care and control is not one to be recommended. The patient is too apt to get his own way, the attendant and tutor being generally warned not to thwart him. Family life is ruined, and the strain tells on the parents. The patient sooner or later realizes he is not like others, and dreads lest his malady may exhibit itself at the most inopportune moments. Above all, he fears the looks of compassionate horror given him even

by his friends as he wakes once again to life after the oblivion of a fit. Almost invariably he becomes morbid, and the number of fits then usually increase. The mental deterioration becomes more rapid, and he ends his days in an asylum. The case of a woman patient is more pitiable still, as can well be imagined.

If this be the truth concerning the wealthy epileptic derelict, what about the afflicted children of the poor? Their case is most pitiable. Not so much that they are neglected, for many a poor mother puts to shame her richer sister in the way she looks after her afflicted child. But the epileptic child becomes the tyrant of the home, and all his worst faults are developed. The mother's life becomes a purgatory, and sooner or later her nerves give way from the constant strain night and day of watching for fits. The child grows up imperfectly educated, not having been able to attend school, lazy, and too often vicious; and in adult life he swells the ranks of the unemployed and unemployable, and too often ends his career as a criminal. The epileptic generally marries, and this he commonly does when quite young, and often has a large family; and some, if not all, of his children are usually epileptic, while others are commonly imbecile or idiotic. The future of the epileptic girl, left alone in the world without friends, too often

ends in shame, misery, and the street ! But the question may be asked, ' Surely the picture here drawn is exaggerated ? Are there not many cases of cure ? ' I would answer that I have been speaking of the confirmed epileptic, the real derelict ; but even in the more hopeful cases it all depends what is meant by a ' cure.' Often the epileptic fits become less frequent, and may stop altogether for months or even years, and yet the mental deterioration may proceed all the quicker, or the fits may return after a long period of intermission. Doctors who have experience in treating the disease do not usually use the word ' cure,' but talk of epilepsy as being ' arrested ' *if there has been no fit for nine consecutive years !* A cure, rightly interpreted, would mean not merely the arrest of the fits and of the mental deterioration, not merely evidence of the patient's ability to earn his own living, but that he might marry and have healthy progeny. Such would be proof of a cure, but few there be that would fulfil this requirement.

THE MANAGEMENT OF THE EPILEPTIC

This is not the place to discuss the medicinal treatment of epilepsy. It is generally known, however, that there is a divergence of opinion as to the utility of heavy doses of bromide. The reaction

has gone so far that, especially in some of the American States, bromides are never given. Personally, I approached the question with an open mind, and from actual experience have found that the best results are obtained, both from the medical and educational standpoint, by treating every case on its own merits. The result is that out of over 200 patients at Lingfield, mostly children, the great majority do well on a very small dose of bromide (20 or 30 grains in the 24 hours). If the fits are not controlled by a daily dose of 60 grains, it is better to seek some other way.

The best place, undoubtedly, for treating the epileptic is in a colony; certainly not in their own homes. The staff should be carefully chosen, and the patients placed in separate homes. The children should attend a special school, staffed by experienced teachers. At Lingfield we keep the children in the open air as much as possible, and whenever the weather permits the school is held in the grounds. Each child has a garden, and is taught to dig, hoe, sow seeds, and draw and paint the flowers and vegetables as they grow up. As gardening is the best occupation for the adult epileptic, we have thought it well that the school training should all tend in the same direction. Everything possible should be done in the colony to render the patient's

life as happy and useful as possible. Adult patients should be employed on the land, divided into 'squads,' each squad to be controlled by a member of the staff. Moral training is sorely needed by the average epileptic. The fundamentals of religion should be taught and *lived* by the staff. All undue emotionalism must be checked, but the habit of prayer should be maintained, as a belief in prayer is a factor of high value in the treatment of this as well as other forms of nervous disease.

The adult female patient in institutional life too often becomes a mere drudge in the laundry. At Lingfield we have put machinery into the laundry, thus freeing the patients for a more rational life, which is carefully mapped out for them, and includes an hour's gardening, two hours' sewing in the open air, domestic work, and two hours' starching and ironing. There are also literature classes and physical drill. The change in the patients has been marked. The majority are now bright and intelligent, with few fits—evidence clearly of their happy and contented spirit. The social side of an epileptic colony is of great importance. Games should be as carefully organized as work. Our lads play football and cricket matches, and have good records. We now have the Boys' Life Brigade, officered by the staff; and the girls are also forming a company.

The great gain of colony treatment for an epileptic is that he loses his nervousness and fear of having a 'fit.' All his comrades are similarly afflicted; and as everything is taken as a matter of course, they spring to each other's assistance, never knowing when they may need the same themselves. The open-air life, good food (the dietary is a matter of foremost consideration), comradeship, discipline, combined with kindness and sympathy, as little drugging as possible, yet promptly given when necessary—little wonder that in almost every case the number of fits decrease markedly. In many they are arrested for a shorter or longer period. By means of simple tests the intelligence of each patient is ascertained yearly. The total arrest of 'fits' do not necessarily mean a similar arrest of mental deterioration.

EXISTING DISCOURAGEMENTS TO COLONY TREATMENT

Many difficulties present themselves. Children reaching the age of sixteen can no longer be helped by Education Committees, and are far too frequently claimed by their parents to live in unsuitable surroundings, which quickly undoes all the good that has been done. After-Care Committees are being formed, and will, I fear, have a sad tale to unfold

when tracing the careers of epileptics who have left special schools at the age of sixteen. The new Act dealing with the mentally deficient should be a great help, but it seems unfortunate that the word 'epileptic' has been carefully omitted from all its sections.

Boards of Guardians often permit their epileptic patients to remain in a colony after the age of sixteen to learn gardening, carpentering, and the like ; but not unnaturally they often have the desire to get the patient off their hands to be self-supporting as quickly as possible. The confirmed epileptic will never be able to support himself, and the sooner this is understood the better. The epileptic derelict should either be compelled to remain in a colony for life, or before being allowed to drift back into the world steps should be taken to prevent their becoming a menace to the community. Sterilization in some form or other seems the only way out of the difficulty, repugnant though it must be to the minds of many, if not most, social reformers.

'Can epilepsy be completely stamped out?' This is a question difficult to answer. We cannot give a decisive reply until the cause of the disease is clearly established. Much may be done by legislation, such as insisting upon compulsory notification of the disease, segregation of the

epileptic patients, and possibly sterilization ; but, on the other hand, if the disease is not altogether hereditary, but, as is probable, may develop in a child whose parents are nervously unstable, or whose mother at the time of her pregnancy is suffering from some debilitating disease, such as tuberculosis, the above measures will not suffice, although it may greatly limit the number of patients suffering from the disease. The whole problem of the epileptic needs to be studied from all medico-sociological standpoints.

REFERENCES

THE following Associations and Institutions make special provision for the care and control of epileptic cases :

HOSPITALS.

National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, London, W.C. This hospital publishes a valuable list of institutions dealing with epileptic and other necessitous nervous and mental cases.

Hospital for Epilepsy and Paralysis, and other Diseases of the Nervous System, Maida Vale, London, W.

West End Hospital for Diseases of the Nervous

System, Paralysis, and Epilepsy, 73 Welbeck Street, London, W.

COLONIES AND HOMES.

National Society for Epileptics, The Colony, Chalfont St. Peters, Bucks. (Office: Denison House, 296 Vauxhall Bridge Road, London, S.W.)

National Union for Christian Social Service, Homes and School for Epileptic Children, Lingfield, Surrey.

David Lewis, Manchester Epileptic Colony, Warford, Alderley Edge, Cheshire. (Office: 38 Barton Arcade, Manchester.)

Colthurst House School, Warford, Alderley Edge, Cheshire.

Starnthwaite Epileptic School. (Office: Highgate, Kendal.)

Home for Epileptics, Maghull, Liverpool. (Office: 2 Exchange Street East, Liverpool.)

Meath Home of Comfort for Epileptics, Westbrook, Godalming.

Monyhull Colony for Sane Epileptic and Feeble-Minded Persons. (Union Offices: Edmund Street, Birmingham.)

Manchester Education Committee's Special Residential School for Epileptic Children, Soss Moss, Chelford, Cheshire. (Office: Director of Education, Deansgate, Manchester.)

Chorlton and Manchester Colony for Epileptics,

Lango, near Blackburn, Lancashire. (Office : Clerk to the Joint Committees, Guardians' Offices, All Saints', Manchester.)

St. Luke's Home, Park Road, Parkstone, Bournemouth, Dorset. (For epileptic girls and women.)

St. Elizabeth's Roman Catholic School for Epileptics, Much Hadam, Herts. (For females only.)

County of London Colony for Epileptics, Ewell, Surrey.

The Co-operative Sanatoria, Ltd., Leon House, Billericay, Essex. (For male cases only.)

Wiltshire (St. Michael's) Cottage Home for Epileptic Women. (Secretary: The Ivy, Chippenham, Wilts.)

A list of the special schools of the London County Council where epileptic and other physically defective children may attend will be found in the Epileptic Section of *The Annual Charities Register and Digest of the Charity Organization Society*.

The following works will be found useful for reference :

BENNETT, A. H. : *Epilepsy: Its Nature and Treatment*. London : 1884. 2s. 6d.

GOWERS, W. R. : *Epilepsy and Other Chronic Convulsive Diseases*. Second edition. London : J. & A. Churchill. 1901. 10s. 6d.

LETCHWORTH, W. P. : *Care and Treatment of Epileptics*. London : G. P. Putnam's Sons. 1900. 16s. net.

RHODES, J. M., and MARSHALL, E. W. : *Report on a Visit of Inspection to Colonies and Hospitals for*

Epileptics, the Feeble-Minded, and the Insane in the United States of America. Manchester. 1902. 3s. 6d. net.

TURNER, W. A.: *Epilepsy: A Study of the Idiopathic Disease.* London: Macmillan & Co. 1907. 10s. net.

See also :

The Epileptic and Crippled Child and Adult: A Report on the Present Condition of these Classes of Afflicted Persons, with Suggestions for their Better Education and Employment. Published for the Charity Organization Society by Swan Sonnenschein & Co. 1893. 2s. 6d.

VI

THE
INEBRIATE DERELICT:
THE PROBLEM IN RE-
LATION TO WOMEN

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VI

THE INEBRIATE DERELICT : THE PROBLEM IN RELATION TO WOMEN

THE individuals who, through the abuse of intoxicating substances, have earned the name ' derelict ' are some of the most pitiable objects it is possible to contemplate.

THE INEBRIATE AS AN OUTCAST

Whatever these cases may have been once, they no longer possess the qualities which enable us to call them good relatives, good neighbours, good citizens, or whole and lovable human beings. They are a positive evil to themselves and to society. Whether they belong to the higher and more educated classes, or to the poor and ignorant population of the slums, their fellows have no further use for them, and they are to them only afflictions, parasites, or pests.

Among other despised and outcast sections of the

community a certain cohesion is apparent. Something is to be gained by vagabonds, thieves, prostitutes, or criminals, by association or confederacy, if only to undesirable or evil ends. Therefore they tend to seek one another out, and to flock together. But the drunkards stand away from all, inevitably isolate. Their whole state renders it impossible to trust them; they are of no use, even to exploit; they are so unpleasant that none care to associate with them. When once their intellectual and moral disintegration has set in, they are on a downward road that is leading them away from all men; they are the outcasts of outcasts.

DIFFERENCE BETWEEN INEBRIATES AND NORMAL INDIVIDUALS

Who were responsible for these individuals? Who bred them? How did they come to grief in this terrible way? How is it that none of the efforts lavished upon them could turn them into decent citizens? Why were they personally destined to become 'derelict,' while others, apparently less fortunate, escaped? They even took less alcohol than others, and yet others have always paid their way and been accounted worthy citizens, while they have ended disgraced and ruined. What could have been done for them that has not been done?

How could they have lived so as to escape their fate? Is this affair of theirs a temperance problem at all, or something else? Whatever their problem is, since they have defeated all human endeavour to help them, does it not remain unsolved?

In accounting for their existence it should be remembered that there are, among all classes in this country, some very heavy drinkers, whose forms of excess are known as convivial, industrial, or purely self-indulgent.¹ Such drinkers are detrimental and mischievous to the race in the highest degree; but they are not, strictly speaking, inebriates. They spoil their own health, shorten their own lives, poison the stock, procreate the true inebriate, and other unhealthy, defective, or degenerate descendants, and are, therefore, among those who are, in a large measure, responsible for the social wreckage which fills our police-courts, prisons, workhouses, or asylums. They do not, however, usually contribute in their own persons to that wreckage, and they might be much better citizens than they are.

These people are not inebriates; but inebriates are more often their finished work than they suppose or would admit. The question of temperance is

¹ Sullivan, W. C.: *Alcoholism*, chap. v. 6. London: Nisbet. 1906. 3s. 6d. net.

one for them, and for them only. For the true inebriates—born ready made—there is no temperance question ; there is only an absolute need for total abstinence. Nothing can ever make intoxicating substances safe for inebriates. Intoxicants cannot be made safe for them, because they have an inherent and ineradicable tendency to be poisoned when they take them, which other men have not. They are the subjects of a congenital defect which cannot be made good. This defect lies in their inability to offer ordinary resistance at any point to the deleterious action of these substances. They are without the safeguards of normal men, and to them intoxicating substances are, and always must be, poisons.¹ They are affected by the alcoholic poison both quickly and deeply, as is shown by the rapid general deterioration which they manifest when once they begin to drink, and by their inability to regulate their drinking in a way that normal non-inebriate persons can do.

Inebriates are not necessarily drunkards ; if they do not touch intoxicants they may never in their

¹ 'Mettez en présence une substance toxique et un organisme sain, ce dernier réagira plus ou moins violemment, suivant la nature et la dose du poison. Il y a révolte de l'organisme contre l'obligation où on le met d'absorber des substances nuisible à la vie de ses cellules. Voilà comment se comporte un organisme sain.'—Triboulet, H., Mathieu, F., et Mignot, R. : *Traité de l'Alcoolisme*, chap. v. Paris: 1905.

lives give way to drunkenness.¹ But, on account of their constitutional defects, such individuals are always a potential danger and burden to the community. They are, only too often, the actual burden which the name 'derelict' implies.

RELATION OF INEBRIETY TO OTHER MORBID CONDITIONS

When inebriate persons begin to drink, the actual form of their drunkenness, as well as the time taken to wreck their health, ruin their characters, and destroy their minds, depends upon their temperaments, circumstances, and a number of conditions which may vary indefinitely. A few main types of inebriety are, however, well recognized. The disintegrating process may show itself at one or at a number of points.

If the relation of inebriates to other categories of diseased and derelict persons is considered, it will be seen that there is a whole network of correspondence between their symptoms, showing how widely and deeply destructive the process is, and how every part of the individual may suffer. Their miserable state of bodily health, owing to disordered nerves

¹ Kerr, Norman : *Inebriety and Narcomania*, chap. xix. p. 357. Third edition. London : H. K. Lewis. 1894. 7s. 6d. net.

and poisoned tissues, may make of them invalids unfit to do their proper share of the world's work.

Disordered intellect, lack of reasoning power, insane ideas and delusions, and proneness to impulsive acts may demonstrate their relationship with many unfortunate inmates of lunatic asylums. Irresponsibility, lack of initiative, defective senses, perverted volition, and poor memory may show their kinship with the imbecile. Their lack of natural affection, their excess of vanity, self-righteousness, sentimentality, their insensibility to ordinary human emotions, and the coarsening and perversion of their ideas and instincts may indicate their kinship with the moral imbecile. Want of ordinary control, erratic conduct, carelessness of money, neglect of obligations, and disregard of consequences may identify them with that uncivilized nuisance, the petty offender. A tendency to lying and thieving, to personal immorality, and to serious offences of two or three well-recognized varieties may demonstrate their kinship with the felon and the criminal. In their turn, also, they may become the parents of defective or actively vicious persons.

EXPECTATION OF CURE

During recent years, since the passing of the Inebriates Acts, a large number of drunken persons

have been brought under careful observation in reformatories, homes, and licensed retreats. Here everything possible is done to restore the patients, especially in those respects in which they are plainly below the ordinary level, and it is recognized that in proportion as they improve at defective points are their chances of being able to manage themselves, or to live with safety where they have power to obtain intoxicants.

It happens very often indeed that, when the immediate effects of drunkenness have worn off, recovery stops short, and it is plain that the inebriate is in no fit state to be set at liberty. A large number of cases are too badly damaged to be able to recover, except after a very long time, but in other cases it is found that there is something the matter in addition to inebriety.

This is not remarkable, for persons who suffer from one form of defect frequently suffer from more than one, and various forms of mental and nervous disorder may be antecedent to the drunkenness, as well as contributory factors in a patient's failure to recover from it.

EARLY SYMPTOMS OF THE FEEBLE-MINDED INEBRIATE

A search into the early history will frequently

throw light upon these cases, or they may be studied in those who begin to drink while they are still very young. There are few people who have not come across more or less severe cases of the following variety.

In most schools a type of child is recognizable who is dull, backward, passionate, lacking in common sense, difficult to manage or teach with ordinary children. In the better classes such boys and girls are frequently sent away from school or college for some failure to conform to current moral standards. After their unsatisfactory school-days they become idle, and do not appear to grow more responsible; they seldom acquire wholesome interests, but they often develop failings which may, a little later, cause the girls to be put under some special care, or the boys to be shipped abroad, in order that they may both avoid disgrace and be obliged to support themselves. A certain number of these, who may themselves have been victims of wrong circumstances, recover, but others do not. It is plain to any skilled observer that these latter are the subjects of some degree of moral imbecility.

Among the children of the poor, who are less controlled and protected than others, general signs of moral breakdown quickly become apparent. They cannot keep any work because they are

mischievous, thievish, or generally unsteady. At sixteen or seventeen they often come into the hands of the police, and are sent to prison many times before they are twenty years old for such offences as stealing, prostitution, or drunkenness.

THE YOUNG FEMALE INEBRIATE

The girls especially lead extremely wretched lives, often being the prey of older persons, who exploit and rob them, and incite them to commit offences against the law. Many of these girls do not present any outward signs of degeneration or imbecility, but pass for normal persons, being healthy, good-looking, plausible, and superficially sharp. But their minds are really of very poor quality, and their want of moral sense is easily demonstrable. They quickly become unable to support themselves, even by a life of vice or dishonesty. For a few years they knock about in a life of great hardship and excess, but they become too stupid, in the end, to commit the more deliberate offences, and in middle life are sent to prison for violent or destructive acts, or for obscenity and intoxication. By this time their drunkenness has become their chief disorderly characteristic, and brings them into the hands of the police.

THE IMBECILE TYPE OF INEBRIATE

Feeble-minded women of the above type abound in our prisons, workhouses, and inebriate reformatories. Numbers of homeless female tramps, who wander about the country in filth and destitution, are people of this type. They are the despair of all who try to help them. As a matter of fact, there is hardly any respect in which, even when young, they have self-control. Their inebriety is often one feature in a generally defective condition allied to imbecility, while their drunkenness also helps to reduce and to maintain this mental state at its lowest point. The new Mental Deficiency Act, 1913, provides fresh powers for dealing with this class of inebriate.

Of course, there are many people of very inferior mental calibre who manage to live as respectable citizens, and it is not suggested that all mentally poor or defective persons tend to become submerged or outcast. There are many who live very well. It is only when defects inimical to moral integrity are present, of which inebriety is one, that they may be expected, 'if left to themselves,' to join the ranks of the noxious and ultimately derelict individuals described above.

THE INSANE TYPE OF INEBRIATE

A more dangerous type still is seen in those quasi-insane, highly impulsive women whose whole nervous system is so unstable and unresistent to the action of alcohol that a single glass of liquor may be their undoing. These people do not suffer from the ordinary effects of alcoholism to any great extent, and do not drink themselves into bad health or to death. They are perpetually in prison, and only get drunk in the rare and short intervals in which they are free.

As soon as they are drunk they become violent. They are very dangerous, they commit assaults, wound others, destroy property, illtreat children, and are a scandal and a scourge to any neighbourhood they frequent. They have little reasoning power, and, even when sane and sober, are most difficult to control. They indulge in fits of fury or mulish obstinacy on no provocation, and many are also liable to recurrent attacks of insanity.

The State Inebriate Reformatory at Aylesbury contains the most incorrigible of these unfortunate creatures, who are segregated under a special discipline and treatment, in which due account is taken of their deplorable mental state.

Of such material are the human wrecks, lost to the

world, and to home and friends, who are now to be found drifting through all institutions destined for the detention of disorderly or incapable persons.

THE SURVIVAL OF THE FITTEST

Possibly some consolation may be gained from the suggestion that such stock must inevitably, in a short time, compass its own extermination. There is, however, no evidence that this is, to any great extent, the fact. On the other hand, it must be remembered that those, at any rate, who came from the lower parts of the population are a special stock in themselves. They are the fittest to survive, not under circumstances of ordinary stress and strain, but in the most adverse, brutalizing, and inhuman conditions. Apparently they do tend to survive all that happens to them, and all that they bring upon themselves. The very protection they derive from their frequent detention in the various places of safety to which they are committed contributes to the prolongation of their lives and helps to preserve their ability, if not their fitness, to reproduce their kind. And, since they are not detained for long at a time, no material bar exists to their doing this. Nor are their infants reared less well in prisons and workhouses than they would be if reared by themselves. Many inebriate, feeble-minded

women are big, strong, healthy, and prolific mothers,¹ and, although they are responsible for a terrible rate of infant mortality,² many of their children, in the hands of others, survive and grow up.

Some of these people whose histories can be traced are found to come of a drunken stock,³ which is still reproducing itself freely—a stock in which multiple defects and degenerations are manifest. These people do not die out; the supply is not decreasing in proportion as the country becomes more generally sober; they hand on their habits and idiosyncrasies often at compound interest. Their real condition has not yet received practical

¹ 'As a matter of fact, 92 women admitted to reformatories in one year were responsible for the birth of 850 children; about 45 per cent. of all children born to these mothers died in infancy or early youth.'

² 'If a mere handful of 193 women has been responsible for 499 child deaths, what must be the awful total for the thousands of habitually drunken women of the same class?'—See *Report of the Inspector under the Inebriates Acts*.

³ The following are typical cases:

'No. 1532. Mental state defective. Family history: Two grandfathers, two grandmothers, father, mother, uncles, aunts, and sister, inebriate; sister insane.

'No. 1580. Mental state defective. Grandfather, grandmother, father, mother, uncles, aunts, brothers, sisters, inebriate.

'No. 1706. Very defective. Grandfather and two sisters inebriate grandmother and mother insane, two maternal aunts epileptic.

'No. 1787. Defective. Father and mother inebriate, mother, committed suicide, brother insane.'

See *Report of the Inspector under the Inebriates Acts*, Appendix E., p. 63. London: Wyman & Sons. 1905.

recognition, and they continue to be regarded as sane and responsible members of the community, who can learn by punishment or be touched by reformatory efforts. A great deal of pains and money are expended on them. At the outset of their disorderly career they are placed, according to circumstances, in nursing-homes, retreats, or hospitals, are recipients of every kind of public or private charity, and are objects of much humane endeavour to rescue them. Yet, whenever they are at liberty to go their own way, their life is a nearly unbroken record of acts of drunkenness and disorder. They continue to have their liberty at intervals, but the cost which they occasion to the community is enormous. Expensive places of detention are kept up in which they are intermittently maintained, but not necessarily obliged to maintain themselves.

If the real state of these persons were recognized, and their permanent detention secured, not only would the community save expense, and gain generally by their withdrawal, but they themselves would be able to live happier lives, usefully employed, and protected from the degradation into which they now fall. Some of the milder cases, taken early and thoroughly dealt with, might prove reformable.

It is certain that the problem presented by this

unfortunate class cannot be solved until some special means exist for saving them from themselves, and for protecting the community from the consequences of their deplorable inheritance.

REFERENCES

THE following official publications should be consulted :

A Collection of British, Colonial, and Foreign Statutes relating to the Penal and Reformatory Treatment of Habitual Inebriates. Being a Supplement to the Report of the Inspector under the Inebriates Acts for the year 1901. London: Wyman & Sons. 1902.

Annual Reports of the Inspector under the Inebriates Acts. London: Wyman & Sons.

See also :

Articles on 'Inebriety and Inebriates' in *The Annual Charities Register and Digest*. London: The Charity Organization Society, Denison House, 296 Vauxhall Bridge Road, S.W. 1905-14. 5s. net.

The American Quarterly Journal of Inebriety. Boston, U.S.A.

The British Journal of Inebriety. Quarterly. London: Baillière, Tindall & Cox. 5s. annually.

CLOUSTON, T. S. : *Clinical Lectures on Mental Diseases.* Sixth edition. London: J. & A. Churchill. 1904. 14s. net.

- CROTHERS, T. D. : *Morphinism and Narcomanias from other Drugs. Their Etiology, Treatment, and Medico-legal Relatives.* Philadelphia. 1902. 9s. net.
- KELYNACK, T. N. (Editor) : *The Drink Problem in its Medico-Sociological Aspects.* London : Methuen & Co. 1907. 7s. 6d. net. Numerous references.
- KERR, N. : *Inebriety or Narcomania : Its Etiology, Pathology, Treatment, and Jurisprudence.* Third edition. London : H. K. Lewis. 1894. 7s. 6d.
- MOTT, F. W. : 'Alcohol and Insanity : The Effects of Alcohol on the Body and Mind, as shown by Asylum and Hospital Experience in the Wards and Post-mortem-Room,' *The Journal of Mental Science*, p. 30, October, 1906.
- SULLIVAN, W. C. : *Alcoholism : A Chapter in Social Pathology.* London : Nisbet. 1906. 3s. 6d. net.

VII

THE
INEBRIATE DERELICT:

THE PROBLEM IN
RELATION TO MEN

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VII

THE INEBRIATE DERELICT : THE PROBLEM IN RELATION TO MEN

THE downward progress of the inebriate, with all the attendant evils, horrors, and disgrace, has been the theme oftentimes of novelists, preachers, and all social reformers. These, in eloquent words, have portrayed the individual and family ruin attendant on such a career. Probably there is no more pitiful sight in life than a man degraded to something lower than a beast, with all that is ennobling vanished, and with no wish left either to fulfil his social obligations or to have reawakened within him desires or hopes for aught else than the drug which has been the final cause of his downfall.

A derelict the habitual inebriate truly is, with defective mental powers, deteriorated physique, inhibitive powers degenerated, will-power gone, a useless burden on others, and yet with potentialities for harm still remaining—a black stain on

the fair garment of social progress. It is this type of toxic degenerate which has earned the title of a human wreck. When looked at from a more scientific point of view, there at once arises a problem for which only a partial solution is at present possible.

THE CAUSATION OF INEBRIETY IN THE MALE

In the case of individuals taking alcohol, let us suppose, in the same amount and quality and for the same periods of time, it is difficult to see why some should gradually show mental changes and physical deterioration early, whilst others keep mentally alert and bodily fit, but evidence later gross disease in other organs of the body, particularly of the digestive tract or excretory system. There is, again, a third series who can with impunity tolerate large quantities of the toxic agent, and even over long periods of time seem little the worse for it, though it is true degenerative changes in vessels with liability to certain sequelae, such as apoplexy, are probably present.

THE SELECTIVE POWER OF ALCOHOL

It is only by analogy to the actions of other poisons that an answer can be suggested to such questions. If toxic agencies such as are met with

in diseases like diphtheria, tetanus (lockjaw), beri-beri, or inorganic poisons, as arsenic, lead, be studied, it is recognized that they each seem to obey a physico-chemical law, and show what is sometimes termed 'positive chemico-taxis' for certain tissues or organs, which they primarily affect; hence in diphtheritic paralysis, beri-beri, arsenic and lead poisoning, the nerves as they pass to the limbs are to a great or less extent disintegrated, and paralysis results; in tetanus, on the contrary, the poison is probably attracted to the cells of the brain, particularly in the motor area, and convulsions of a severe type ensue.

It is, therefore, to be inferred that individuals are born with *predispositions* in their tissues, so that, exposed to the risk, they are affected by alcohol or other poison in different ways. When the test is applied, in one case alcohol may enfeeble the mental centres, inhibition is partially removed, and the processes of mentation become defective; in another, the brain has greater power of resistance, and the habit can be indulged until the liver cells or kidneys are affected, and gross disease follows with well-known symptoms; in a third, apparently no result occurs, because the tissues and organs are tolerant, and are capable of resisting the circulating toxin.

Such an event is analogous to the resistance which the tissues from bodies may show to the toxins and influence of the tubercle bacillus. The brain in the first-named class of case seems to be susceptible to much smaller quantities of alcohol than is needed to cause gross organic disease. It is, therefore, with regard to the first class of inebriates that the problems relating to the inebriate derelict arise. The second type of case can support himself, and possibly family, until disease of liver, kidneys, or arteries lay him aside, and he comes under medical treatment in hospitals or infirmaries for relief. The third class continues life apparently unimpaired in faculties, though his average span of years is generally shortened, and he runs risks which had better have been avoided.

HEREDITY IN RELATION TO INEBRIETY

In an interesting analysis by Dr. Welsh Branthwaite of 1,031 persons admitted as inebriates of the chronic type into reformatories, only 166 were men. This small number was partly accounted for by the reluctance shown by magistrates in committing men, who may 'in charity' be considered as the breadwinners of families; also because the effect of drink upon the two sexes is somewhat different. The woman becomes noisy, obstreperous,

and violent ; whilst a man is more likely to be quiet, and therefore does not so readily get into trouble. Such reasons would also partly explain the slightly higher average age in men of admission to reformatories, namely 39.6 years, the average at which drunkenness was begun being 25. Analysing 100 of these cases of habitual inebriates, it was found on admission that 65 were mentally defective. Of these 2 were insane, 13 very defective, and 2 epileptics ; while 35 showed good mental condition. This high percentage of mentally defective is open to a possible explanation that it was secondary to the effects of alcohol on the brain and nerve centres ; but, on the other hand, 78 out of the 100 were in ' fit ' physical condition, so that the nervous system was evidently most susceptible to the effects of alcohol, and was affected by comparatively small quantities of alcohol before any of the other organs were affected ; so that another explanation is needed. When this result is compared with what was known of the family history of these 100 inebriates, the family predisposition to show the effects of alcoholism is most marked. Definite inebriety was present in 72 out of the 100 family histories, only 18 being free from ' taint ' ; but even this last figure is too great, since such patients do not readily give information even if known, and oftentimes ignorance of

facts was present. Twenty-eight of these family histories recorded 3 or more near members actually inebriate, and at least 165 near relations of the 72 families were so affected. Insanity or mental defect was present in 13 family histories ; in 2 cases whole families were recorded as *mentally feeble*. Tuberculosis was present in 20 histories, and epilepsy in only 2.

It is not intended to found any argument upon so small a series of figures ; but when compared with statistics as recorded in women, it must be recognized that the condition of psycho-neurotic instability, if not defective powers of restraint, is the heritage of many men, who become habitual drunkards, and is brought into active prominence by such an agency as alcohol. Other circumstances of life, a stress on the individual, may also show up the same defect. It is conceivable that the future may shed light on the possibility of a ' thirst of tissue ' for toxic agents bequeathed by inebriate parents to their children, though the latter may never have had the drug.

Such a conception of a large class of degraded and (except under restraint) irreclaimable drunkards would surely put one in a more sympathetic attitude to their failure, whilst at the same time emphasizing the imperative need for reinforcing their weak

resistance from the early days of their lives, or exercising restraint on them afterwards.

Causes inoperative in the normal, such as ill health, unemployment, poor feeding, depression, and trouble, quickly break down their lessened resisting power; and surrounded, as modern life allows, by incitements to drink on every hand, they quickly lapse into habits which are too fatally and easily learned, and sink into associations which continue the road to mental and physical ruin.

CHARACTERISTICS OF INEBRIATE DERELICTS

For purposes of clinical classification a division may be made of male inebriate derelicts into (1) those who are actually insane and certifiable; (2) those who show signs of mental defect; and (3) those of average mental capacity.

The *first class* generally have had an insane tendency, but the alcoholic intake has been the determinating feature in the mental explosion. In some cases, however, alcoholic epilepsy, delirium tremens, persistent alcoholism, have produced cerebral degeneration, with similar results.

The *second class* show evidence of congenital defects, which may be seen in cranial stigmata, such as misshapen heads, or facial characteristics, inert,

stupid faces, asymmetry of feature, projecting ears, with dull, expressionless features, or deep-seated, shifty eyes. Mentally, they may be refractory, even violent, or dull and listless; reason largely gone, and hence often full of grievances, and not capable of regret or sorrow for the results of their conduct. Their morality is impaired, and hence they often attempt to justify their moral lapses and conduct; subject to storms of passion, in which condition they lose all control over speech or action, and would, if means were to hand, commit acts of violence. Restlessness and inability to focus their attention on work or employment prevent them becoming useful in any sense, even when they are freed from the exciting effects of alcohol; whilst *truth* is a word which has little meaning for them.

The *third class* are, on the other hand, excellent citizens when free from the slavery of drink. Quiet, sober, and amenable to reason and discipline, they can, whilst protected from temptations, live lives of usefulness and profit. But with unstable powers of control, they readily fall victims to alcohol on the least incitement or provocation, and tend to sink downwards in social level until, by continual indulgence, they achieve social ruin and physical degeneration.

CARE AND CONTROL OF THE INEBRIATE

The futility of prison methods to deal with inebriates has been abundantly demonstrated year after year by reports of individuals and Royal Commissions ; but as yet legislation has been abortive in its attempts to improve the State organization for dealing with such cases. The greater number of derelicts are not committed to institutional treatment until most have had a wearisome ' tread-mill ' experience of alcoholic-outburst, prison sentence and brief confinement. Discharged, they become recidivist, and further outbreaks lead to recommitments, a brief cycle only varied by greater moral lapses, and perhaps attempted homicidal acts, and longer seclusion. By this time all hope of cure is lost ; they are ' derelict.'

Dr. R. Welsh Branthwaite thus graphically portrays the results of such treatment : ' During early days of the habit there may remain sufficient self-control to avoid public exhibition and disgrace. The dread of arrest, which acts at first as deterrent, wears off, and appearances at police-courts become more regular and more frequent. Poverty, the result of drunkenness, and the increased amount of fine render payment of the latter impossible ; prison then and thereafter takes its place. The cycle

becomes monotonous in its regularity: a drunken orgy, the police cell, a prison van, a bath, prison clothes, a tramp to the cells, a horrible night followed by tremulous days, bare subsistence diet, expiry of sentence, discharge to the streets, a few days' liberty, more drunkenness, and a repetition of the "treatment."

The prison system has lamentably failed, nor can the fact that 'the fittest survive' salve the public conscience, either as regards its care over the weaker members of society, or as to acquiescence in accepting the added burden of inebriates' children (often more numerous, though less viable, than normal), themselves potentially weak.

The best means for dealing with inebriate cases are probably to be found in:

1. Additional legal powers compulsorily to commit inebriates under guardianship, or to restraint in colonies, in their early stages, when they may be cured, and are mentally capable of performing remunerative work, and yet would be living under healthy and happy conditions. Such restraint should be for long periods, until, by trial or testing furloughs, they may prove to possess renewed control and power to withstand temptation, and so be fit for rejoining society.

2. The prevailing ignorance as to the results of

indulgence in alcohol must continue to be dispelled by educational work, and every effort made to promote temperance and abstinence from alcohol. Especial oversight should be taken of those whose heritage, circumstance, or conditions tend to make them possible victims to the drug.

3. There is no specific for the treatment of alcoholism, nor is there ever likely to be one. The patient must be helped, therefore, from every side and by any agency likely to be beneficial, use being made of mental, moral, or psychical influences ; more urgent symptoms combated by drugs ; but, above all, by ensuring for him, by supervision, freedom from lapses, which more than neutralize the laborious and slow reformation of control which must accompany any *permanent change* for the better.

REFERENCES

IN addition to the references given at the end of the preceding chapter, the following may be of service :

- BURNS, J. : *Labour and Drink : The Fifth Lees and Raper Memorial Lecture*. London : United Kingdom Alliance. 1904.
- FRENCH, R. V. : *Nineteen Centuries of Drink in England*.

- Second edition. London: National Temperance League. 1884. 3s. 6d.
- GRINROD, R. B.: *The Nation's Vice*. London: Hodder & Stoughton. 1884. 5s.
- GUSTAFSON, A.: *The Foundation of Death*. London: Kegan Paul, Trench & Co. 1884. 7s. 6d. Bibliography.
- HORSLEY, V., and STURGE, M. D.: *Alcohol and the Human Body*. London: Macmillan & Co. 1907. 5s.
- KELYNACK, T. N.: *The Alcohol Problem in its Biological Aspect*. London: R. J. James. 1906. 1s. 6d.
- PRICE, G. B.: *Alcoholism and Childhood*. In *National Health Manuals: Childhood*. London: C. H. Kelly. 1910. 1s. net.
- ROWNTREE, J., and SHERWELL, A.: *The Temperance Problem and Social Reform*. London: Hodder & Stoughton. 1900.
- SHADWELL, A.: *Drink, Temperance, and Legislation*. London: Longmans Green & Co. 1902. 5s. net.
- SOUTTAR, R.: *Alcohol: Its Place and Power in Legislation*. London: Hodder & Stoughton. 1904. 3s. 6d.
- WEBB, S. and B.: *The History of Liquor Licensing in England, principally from 1700 to 1830*. London: United Kingdom Alliance. 1903. 1s.
- WHITTAKER, T. P.: *Economic Aspect of the Drink Problem: The Third Lees and Raper Memorial Lecture*. London: United Kingdom Alliance. 1902.
- WILSON, G. R.: *Drunkenness*. London: Swan Sonnenschen & Co. 1893. 2s. 6d.

A list of retreats for inebriates will be found in the official reports of the Inspectors under the Inebriates Acts for England and Wales, Scotland, and Ireland.

A serviceable 'List of Homes for Inebriates' is published by the Friends' Temperance Union. (Secretary: J. Harvey Theobald, 15 Devonshire Street, Bishopsgate, London, E.C.)

Classified lists of institutions for inebriates also appear in the *Medical Directory* (London: J. & A. Churchill. 14s.), *The Medical Annual* (Bristol: J. Wright & Sons. 7s. 6d.), *The Annual Charities Register and Digest* (London: Charity Organization Society, Denison House, 296 Vauxhall Bridge Road, S.W. 5s. net), and *The Classified List of Child-Saving Institutions Certified by Government or Connected with the Reformatory and Refuge Union or Children's Aid Society* (London: Reformatory and Refuge Union, Victoria Street, S.W. 2s.).

All students of inebriety and workers among inebriates should join the Society for the Study of Inebriety, which holds its meetings quarterly in the rooms of the Medical Society of London, 11 Chandos Street, Cavendish Square, W. The official organ is *The British Journal of Inebriety*, edited by Dr. T. N. Kelynack, and containing original articles dealing with all aspects of inebriety, with references to recent literature on the subject.

VIII

THE

CRIMINAL DERELICT

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VIII

THE CRIMINAL DERELICT

I TAKE it that by the term 'criminal derelict' is meant the criminal who has been given up as hopeless, and has been abandoned to his own resources. I have known a good many of those marked off as hopeless. Various experiments have been tried on them, and none have been successful. These experiments, however much they differed in form, had this in common, that they were designed to convert the person subjected to them into some such pattern as the experimenter approved.

CRIME AND THE CRIMINAL

The State punishes the offender in order to bring home to him his iniquities, make him feel that the way of transgressors is hard, and provide through him an example and warning to others. It puts him in reformatories to teach him subordination and

obedience to the will of those placed over him. He is sent there because he is bad, and he is treated on the convenient assumption that if he is made different he will be made good. He is made different; he is a great deal more polite, and is quicker to catch the point of view of the person who has anything to give him. He may have acted for himself in the wrong way before he was taken in hand. He learns that obedience is a paying virtue under certain conditions, and the more obedient he is the greater the hopes placed in him.

When at liberty he may find a difficulty in deciding whom to obey. He goes wrong, and has to be punished again. He is so penitent that he excites compassion. He is so intelligent that when he imputes his downfall to drink, to bad companions, to his inherent weakness, to any and all of the causes that social reformers know to be at the back of crime, his evident good sense captivates them. He is so weak of will, and might be so docile, that he attracts the experimenter, and on his discharge he gets another chance to do something of which in time he sickens; and again he disappoints the righteous. By-and-by he becomes notorious, and is put down as incurably vicious, a cunning rogue, a fraud. Nobody believes in him. His record has shaken confidence in him. Nobody knows what to

do with him. He does not know what to do with himself.

Many people have been engaged in lifting him up. He is used to being lifted or to lying in the gutter. He has been lifted with a kick, and he has been raised with words of kindness. If he ever had the idea that he ought to raise himself—or at least to try—he has lost it. To do him justice, he agrees with the social reformer in believing that something ought to be done for him. In some cases he is able to argue that he has played an important and useful part in the State. I have been told in my earlier days, by a derelict who had a proper appreciation of his position, that I should remember that if it were not for the like of him there would be no need for the like of me. He was quite right, and hopelessly wrong. There was really no need for either of us playing the parts we did ; but there will be more criminal derelicts and more officials to deal with them so long as we continue to assume that their existence cannot be prevented.

THE PREVENTION OF CRIME

The importance of dealing more thoroughly with those who are entering on a career of crime is being recognized, and in an increasing degree attention is being directed towards the need for supervision

of persons discharged from penal and reformatory institutions. Many of them behave and work very well so long as they are under direction ; but when they are free from control they go astray and may become derelict. Some part of the care expended on them in institutions requires to be continued after their discharge. They have been taught to conform to the rules of the establishment in which they have been placed, and that end has been achieved not without trouble and attention. The hope of their well-doing depends on the efficiency with which they can be aided outside.

There is no need to assume that criminal derelicts are feeble-minded. Some of them are, and the conditions of their lives have accentuated any defect they may have had. But I have never met any who were so feeble-minded as to think that what would be good for them would necessarily be good for other people ; and most systems for dealing with them are based on that assumption. The great majority of them, so far from being feeble-minded, have survived conditions of life that would drive most of their mentors mad, and in their own position show as much shrewdness as other people do in theirs. Feeble-mindedness, badness, madness, are all convenient labels that may not so much show knowledge as cover ignorance.

It does not matter so much what you call a man as how you treat him. For the brutal jailer of tradition has been substituted the humane administrator ; and still the derelict exists, less outrageous in his behaviour perhaps, but more sensitive to his ' rights ' and more insistent on them, while quite as heedless of his duties.

A great many people regret the past. They think they could live better if they had to start again. Men who are engaged in honest work speak as bitterly of their failures as any blackguard ever has spoken of his. They curse the conditions that made them what they are, the chance that found them idle when such a career was offered to them, the stupidity of the parents who forced them into a profession or trade for which they were unsuited, their own carelessness in adopting it ; and they solemnly aver that their occupation is a bad one, and advise others to take warning by their example. Criminals say the same thing of their life ; but there is no reason for taking their statements more seriously than those of the honest man. The statements are made in good faith. They spring from a sense of failure, which may be short in its duration. At any rate, when a man has spent years in learning an occupation, he does not care to begin over again and learn a new one. If he fails through want of skill,

he may hope with practice to become more skilful, or to have better luck in the future and a greater reward for his exertions. He does not want to blunder into another occupation which he may find equally unsuitable for him.

So long as the criminal is successful in making a living and evading capture, he is generally respected by those among whom he lives. Whatever he is, he is not a derelict. When he has been caught too frequently, whether his fall be due to ill luck or carelessness on his part, he loses in reputation ; just as a man who had failed in business too often or too badly would fall in the esteem of his friends. In the case of a criminal, however, there is this difference, that he is removed from his companions for a period after each failure, and is thus out of touch with them. Only his failures may be remembered by them on his liberation, and prudence may cause them to shun him. If he disappoints the expectations of those who would reform him, and exhausts the patience of officials and philanthropists, they abandon him—at least, until he brings himself under the penal law again. Left by his friends and by those who have failed to get him to follow their advice, he is derelict. He may also be dangerous, unless by this time his spirit is completely broken and his workman's pride destroyed.

CHARACTERISTICS OF THE CRIMINAL DERELICT

The criminal derelict is as much a product of the treatment he has received as of his own natural wickedness. In many cases he has spent a greater part of his life in institutions than he has done outside, and to regard his character as wholly the result of his actions when free is neither fair to him nor to them. Surely our treatment has had some effect on him. If he ceased offending after being subjected to it, we should have plenty of people attributing his reform to that cause. It would be quite as just to attribute his subsequent misconduct to it. We cannot assume it has no effect because it has not had the effect we designed. Years spent in any institution are bound to affect character in some way.

Now and then one sees in the newspapers that some criminal has asked for a long sentence, or that some other has committed a crime in order to get to prison. Then there are comments about the prison being too comfortable. It is true that prison has become home to some people. There are people who have their homes in the slums, and who would feel lost if they were suddenly removed therefrom. In both cases they have to grow into that state of mind. The man who feels at home in the prison

is the man who has been reformed into that state. The prescriptions of too many reformers are vitiated by the assumption that you can lay down rules in detail for the making of man. If their ignorance could be brought home to them, we should be spared their schemes, and the wrong-doer might have a chance of being studied as a human being and treated according to his individual needs. The failure of all systems founded on the assumption that criminals may be regarded as automatic machines with a defect in their works is only matched by the self-satisfaction of their inventors.

What harm does the derelict do? He may attract recruits to a life of crime. Some of them can tell very interesting stories, and they certainly do not act as warnings to those with whom they associate. Their ill luck is pitied, and their advice is sometimes reckoned of value. Many of them would never advise anybody to go 'on the crook,' but to those who are disposed that way they are quite prepared to give instruction. They do not attract recruits to criminal courses so much as they assist those who are drifting towards crime to direct their operations successfully. When a man gets into this state, he is not usually a likeable person. A good many pleas for the criminal leave the altogether wrong impression that he is a fine

fellow, although those who know him are not likely to have illusions as to what he is. It may be said of many that, judging by the qualities they possess, they might have been worthy citizens and agreeable companions; that their powers directed in other channels would have produced better men; but actuality and potentiality are not the same thing. As a result of their experiences, some of them are so twisted that they cannot be trusted out of sight. It is necessary that they should be supervised, if only to lessen the nuisance they are to society.

Criminal derelicts also do harm by engaging the attention of reformers and of the public in a degree out of all proportion to their importance. When people speak of the criminal, they lose sight of the young person who is going astray. They do not think of him as a criminal. They think of the old hand, and do not realize that the old hand was a young hand once, and that if he had been dealt with successfully then, he never would have become the problem we have made him. He is the product of our system acting on his defects. We have tried to make him what we would have him to be, and we have failed. We shall cease to have his like among us when we realize that we are not called upon to make men in our own image, and that it would be

more profitable to seek the causes of their wrongdoing and remove them ; to work from the good in them rather than from the bad ; to aim at limiting our interference with them so as to restrain them from doing the evil, while giving them free opportunities to do the good they choose to do. Automatic machines can be made. Men grow, and in each case we have to seek and remove the causes that impede their growth or distort it. This cannot be done so long as we are content to assume a knowledge we do not possess and to treat men in the mass.

REFERENCES

THE serious student of criminology in this country should study the official reports of the State Departments dealing with prisons and their inmates.

There are various Prisoners' Aid Societies and bodies dealing with problems relating to crime and criminals. See list of Prisoners' Aid Societies in *The Annual Charities Register and Digest*.

The Medico-Legal Society meets at the rooms of the Medical Society of London, 11 Chandos Street, Cavendish Square, W., and publishes volumes of Transactions.

The Borstal Association, which exists to secure after-care of lads and girls discharged from Borstal Institutions, has its offices at 15 Buckingham Street, Strand, London, W.C.

The Howard Association, instituted to promote the best methods of treatment and prevention of crime and pauperism, has its offices at 43 Devonshire Chambers, Bishopsgate, London, E.C.

The Central Committee of Discharged Prisoners' Aid Societies is at Victoria House, 117 Victoria Street, London, W.C., from whence information may be obtained regarding societies and homes for discharged prisoners.

See also publications of the Penal Reform League.

The following books will be of service for reference :

ANDERSON, R. : *Criminals and Crime : Some Facts and Suggestions*. London : Nisbet. 1907. 5s. net.

DEVON, J. : *The Criminal and the Community*. London : John Lane. 1912. 6s. net.

ELLIS, H. : *The Criminal*. London : Walter Scott. 1890. 6s.

PATERSON, A. : *Our Prisons*. London : Rees. 1911. 1s. net.

RUSSELL, E. B., and RIGBY, L. M. : *The Making of the Criminal*. London : Macmillan. 1906. 3s. 6d. net.

TRAVIS, T. : *The Young Malefactor*. New York : Thomas Y. Crowell Company. Third edition. 1912. \$1.50 net.

IX

THE RECIDIVIST

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IX

THE RECIDIVIST

THE recidivist type of human derelict, new in name only, cannot be regarded in any sense as a mere product of modern civilization. Backsliders and besetting sins have been known ever since the Fall of Man ; and, although ' sin ' and ' crime ' are not synonymous terms, the backslider is the prototype of the present-day recidivist. It is true that his actual designation is comparatively new ; that it is, owing to the poverty of our language, exotic in origin ; and that it may be even unfamiliar to many philanthropic persons whose work takes them amongst the various other specimens of social wreckage. None the less the type itself, despite its new name, has existed for ages.

CHARACTERISTICS OF THE RECIDIVIST

To those who are specially concerned with the rescue of a *non-criminal*, and more deserving, class of human derelict the criminal recidivist is naturally

an unattractive object for scientific study or charitable effort. They are content for the most part to leave him to 'the authorities.' To prison reformers, however, and to prison administrators, whose business it is to check or suppress crime, the origin, development, and entire life-history of the recidivist are matters of the deepest interest and importance. They know that he dominates prison statistics; that he defies magistrates, judges, and juries; that he exploits sentimentalists; and that, in the last resort, he avails himself persistently and quite cheerfully of such accommodation and hospitality, coupled with free medical benefit, as His Majesty's prisons can be made to afford him. It is obvious that the suppression or restraint of this pertinacious and evasive type of derelict must tax the ingenuity of all the penal and rescue agencies that can be brought to bear on him.

THE RÔLE OF THE RECIDIVIST

The problem of the recidivist and how to deal with him derives its force and sanction mainly from the persistence of the type, rather than from any actual numerical increase, of this particular class of derelict. It is commonly believed, and frequently stated, that the growth of recidivism means

an increase of crime. What it really signifies, under our present conditions, is that crime, and more especially serious crime, is tending to pass gradually into the hands of habituals. The very large percentage of recidivists found amongst convicted persons *masks* to a great extent the decline that has taken place in their total numbers, and, as it were, helps to cover the retreat of those who have retired from this field of warfare against society. Criminals of all kinds have decreased enormously in the last three decades, both absolutely and relatively to the general population; and recidivists have declined in similar proportion. Convicts, who are almost all recidivists, and who used to number 10,000, are now only 3,000. Local prisoners in the same way, who used to number 20,000, are now only 16,000. The last official returns for England and Wales (1912-13) show in regard to persons *sentenced to penal servitude* in that year that 87.00 per cent. of males, and 66.66 per cent. of females, had been previously convicted. The corresponding figures for persons *sentenced to imprisonment* were 60.7 per cent. of males, and 76.6 per cent. of females. It is quite clear from these figures that the recidivist at the present time is the backbone of our prison population, and that his total elimination, if such a thing were possible, would

bring us, in the matter of eradicating crime, very near the millennium. That he should have the field so largely to himself, or, to put it in another way, that crime is mainly in the hands of experts, is not an unmixed evil, since the control of a diminishing criminal class, most of whose members are known to the police, is in many ways thereby facilitated. It follows, however, from these considerations that the suppression of the recidivist, whether by preventive or coercive measures, whether by restraining his activities or reforming his character, should be a paramount objective for the criminologist.

CLASSES OF RECIDIVISTS

There are many grades and varieties of recidivists in the general prison population. Drunkards, vagrants, beggars, and a whole host of backsliding petty offenders constantly frequent our local prisons. For my present purpose I discard these minor types of derelict, and concern myself rather with the more serious type of delinquent who commits *crimes* rather than *offences*. Convicts generally, 87 per cent. of whom we have seen are recidivists, stand for the class, though a considerable sprinkling of those who are qualifying for penal servitude in local prisons must also be included in it. Their

criminal credentials differentiate them from the rest of their kind, accentuating their claim for special treatment.

Although the ground is strewn with the wreckage of much worthless and antiquated machinery which was formerly used for the regeneration or abolition of the recidivist—torture, mutilation, execution, flogging, long sentence, cumulative sentence, short sentence, and so on—he has held his own against all comers till a comparatively recent period. I have already indicated the time, about 1880, as the turning-point in his hitherto flourishing career. Several of the recent social and legislative changes of the period were beginning to take effect. The Education Acts, with their school teaching and discipline ; the Summary Jurisdiction Act, with its abolition of the long penal sentence ; and the Prison Act, with its uniform system of prison management—all tended to thin the ranks of crime. Similarly, the efforts of philanthropic societies and individuals to rescue young offenders, and improved police organization for the prevention, as well as the detection, of crime, not only checked criminal recruiting, but also hampered the recidivist considerably in his struggle for existence. We have seen the effects of these changes on the *numbers* of the class. They proved equally striking on the

type. Many violent and reckless criminals who relied mainly on their physical prowess, but were clumsy and lacking in skill—easy to detect, but difficult to take to the station—and who were at best inefficient as criminals, gradually disappeared, leaving behind them a small proportion of weak-minded persons of vicious habits who were constantly blundering into prison, and a large proportion of skilled criminals who pursue their avocations on much more scientific and business lines—men who can utilize modern inventions in the practice of their craft, or who are at least better equipped for outwitting those whose duty it is to hunt down criminals. The present-day recidivist is consequently much more of a business man, with business methods, than his predecessor of thirty or forty years ago. It is true that there is in him a gambling spirit which drives him to a recklessly enterprising misuse of his abilities; but this is due to the fascination of his art. The change of type, however, has an important bearing on questions of punishment and reformation. In this latter connexion it seems to be a common assumption with many writers who have never tried their hands on him that the modern criminal recidivist is a poor weak-willed victim of circumstance, with little intelligence and less grit, plastic as potter's clay,

and quite susceptible to the kindly exhortations and influences of any good and earnest man who will interest himself in his reclamation. My somewhat extensive acquaintance with the recidivist leads me to an opposite conclusion ; and I do not think it can be maintained that the practical experience of the Aid Societies, or the results—too often heart-breaking—of their constant labours will bear out this optimistic and fashionable theory. The typical recidivist is an intelligent and responsible person, a practical philosopher according to his lights ; but his moral vision is distorted, and his inclinations consequently perverted. The code of morality under which he has grown up is to him a real thing, in which he believes. He resents interference from the representatives of the orthodox system of morality, and thinks he has a perfect right to *live by his wits*. When under restraint in prison he gets on satisfactorily, and generally shows unexpected good points both in character and conduct ; fills, perhaps, such posts of trust as are open to him in a prison career ; earns his full remission ; and finally takes his leave as a promising convert. I have purposely described a paragon because, unfortunately, he is just as likely to return as any ill-conducted member of his class. On his discharge his real troubles begin. He is, of course, handicapped by his

record in a world where his code is unrecognized. Even the most benevolent of optimists shrinks from placing him in a position of any responsibility, and he naturally detests the lowest rung of the ladder. Under these circumstances the notion of his 'right to live'—by which he means 'by his wits'—obsesses him, his old code makes a successful appeal, and he is quickly back again in his former vicious circle.

THE REHABILITATION OF THE RECIDIVIST

The rehabilitation of a *finished* recidivist of this stamp is a knotty problem. Of the methods hitherto in use, few have met with much real success, because it has been found to be impracticable to punish, and *at the same time* to reform, a recidivist within the limits of a short sentence of penal servitude. The Prevention of Crime Act (1908) accordingly ordered that for this particular kind of criminal the two processes of punishment and reformation should be carried out quite separately—the former in a convict prison, and the latter in a preventive detention establishment, where all the usual penal restrictions can be relaxed, and where the criminal can be taught, trained, and encouraged to hasten his own release and fit himself for freedom. Individual and special attention for each case is the key-note of a system of treatment from which it

is confidently and reasonably predicted that as many cures will be effected as the character of the material to be dealt with will allow. This system has recently been inaugurated at Camp Hill in the Isle of Wight, and the redemption of the recidivist has entered on a new phase. There are signs, however, that the Act is not being so freely used by the Courts as it might be, for the numbers sentenced to preventive detention this year are 85 only, compared with 123 in 1910-11. Now, the Act itself, with its very wise provisions for the rescue of the young as well as for the reclamation of the old, is bound to exercise far-reaching effects on the course of crime, so that a more liberal application of it in the Courts would be conducive to the interests of the public as well as to those of the recidivist. So far as it affects the latter, it is based on the sound principles that he cannot be allowed to continue his criminal career with impunity, that society needs protection from him, and that he too needs protection from himself. I have no nostrum of my own to offer for rehabilitating him. As the concrete representative of the *crime habit*, he possesses very few of the qualifications one looks for in an impulsive convert. For his chronic moral shortcomings it is not a pill but a long course of treatment that is needed ; and those impatient persons who look for short and

speedy methods of cure are apt to be disillusioned in regard to their theories of rapid or instantaneous conversion. Idealists who engage in the fascinating pursuit of speeding up the millennium are very often as blind to the distance of their goal as to the difficulties and dangers of the way.

There are already 131 recidivists undergoing this experimental treatment. Special attention is paid to their religious and moral instruction ; also to their general education and technical instruction in such crafts as are suited to their capacities. The general principle adopted is that they should be taught to climb, but not carried to the top. They pass through successive stages, which confer increasing privileges, to be earned by industry and good conduct, till they reach the highest grade, which gives them a ' parole ' status with a minimum of supervision, special quarters with extra comfort, magazines, daily papers, and tobacco. Promotion by merit and increased freedom of movement are intended to fit them for liberty, on the attainment of which they pass on to the fostering care of a Central Aid Association, which finds them employment and assistance as it may be required.

This is, in brief, the scheme, conceived in a spirit of sympathy and framed on equitable, common-sense lines, which at present holds the field. It

should prove a sheet-anchor to all the repenting or vacillating recidivists who have any real desire to learn better ways and amend their lives accordingly.

REFERENCES

IN addition to the references appended to the preceding chapter, the following may be mentioned :

- GAROFALO, R. : *La Criminologie*. Paris. 1888.
- LOMBROSO : *Criminal Man According to the Classification of Cesare Lombroso*. Summarized by his daughter. London : G. P. Putnam's Sons. 1911. 6s. net.
- QUINTON, R. F. : *Crime and Criminals*, 1876-1910. London : Longmans. 1910. 5s. net.
- QUINTON, R. F. : *The Modern Prison Curriculum*. London : Macmillan. 1912. 5s. net.
- SUTHERLAND, J. F. : *Recidivism : Habitual Criminality and Habitual Petty Delinquency*. Edinburgh : William Green & Sons. 1908.
- TARDES, G. : *La Philosophie Pénale*. Paris. 1903.
- See reports prepared for the International Prison Commission.
- Consult also *The Elmira Year Book*.

THE MENTALLY
DEFECTIVE CRIMINAL
DERELICT

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X

THE MENTALLY DEFECTIVE CRIMINAL DERELICT

THE gross and easily recognizable forms of insanity are not met with to any great extent in prison. In any case they seldom lead to derelictness, for though, in conjunction with certain dispositions and temperaments, insanity may produce conduct that offends against the law, whether it is adduced in the Courts or developed or recognized in prison, it is not difficult to secure the removal of an obviously insane person to the proper place for detention and treatment. It is now, however, widely recognized that a vast amount of crime is associated to a greater or lesser degree with conditions of unrecognized insanity and uncertifiable insanity or mental defect. It should be readily admitted that crime is not necessarily a symptom either of simple defect or of lunacy, that the mental 'make-up' of the

individual is of some importance, and that environmental factors play a part as in the more normal delinquent ; but the processes that make for derelictness are very similar in all cases. These are chiefly the absence of the proper time and means, in the course of administering the law to the rapidly moving mass of petty delinquents, for studying the history and conduct of the offender apart from his crime ; the trend of thought that confuses the liberty of the subject with his wellbeing and that of the community ; and the difficulties, financial and legal, of making compulsory suitable provision, in their own interests and those of the public, for all who are obviously unfit to take care of themselves.

MENTAL DEFECTIVENESS IN CRIMINALS

It is agreed that a large number of habitual criminals and petty offenders come and go because their offences bear a distinct relation to some mental peculiarity or moral obliquity, or because some mental defect precludes their taking care of themselves or finding suitable employment, so that they easily drift. Statistics vary as to the numbers of the mentally defective in prisons, a point that bears out the difficulties to be encountered in their classification and treatment. They range from the huge

percentages of the enthusiastic but often casual observer whose doctrine takes no account of responsibility, the effects and appearances of ignorance, environment, &c., to the critical but none the less sympathetic estimate of the prison authorities based upon observation, knowledge, and a desire for rational treatment as keen as that of the most ardent prison reformer.

Unrecognized or imperfectly developed insanity is responsible for a considerable share of crime. Cases of dementia praecox and delusional insanity often escape detection in the illiterate and vagrant. Sexual perverts, individuals with criminal obsessions in specialized directions, kleptomaniacs, and many others are often, on close observation, found to be suffering from insanity. There is no need to dwell upon the cause of derelictness in these cases.

Senile dements and persons who, having passed through acute phases of insanity, have been discharged from asylums without securing any proper after-care, many of them the subjects of mild forms of secondary weak-mindedness, readily drift into the vagrant and criminal classes. It is an ominous sign, and one that should give pause to those who sum up their ideas of the correct treatment of delinquency in the misleading term 'prison reform,' that so many old people admit that they prefer

a few days now and again in prison, with its recuperating influence and its statutory liberty, to resting in any other place provided for their particular needs.

FEEBLE-MINDED CRIMINALS

By far the commonest abnormality to be met with in association with crime is feeble-mindedness. It is easy to see how this leads to the simpler crimes of omission, such as vagrancy, trespassing, prostitution, indecent exposure, neglect of children, &c. The defective, though he may know he is doing wrong, does not fully appreciate the reasons which constitute his offence, and often enough has not the wit of his normal associates to conceal or excuse it. Many a woman committed to prison for failing to look after her children is found after observation to be obviously unfit to take decent care of herself. Many imbeciles do not become offenders, but, given the wrong environment, derelictness is certain. They have no ability to acquire a remunerative calling; they drift through casual wards, lodging-houses, and prisons; and, though at first they commit offences of the petty variety, they are ready tools of the criminal, and their education in the major forms of crime is simple and sure.

Besides the intellectual forms of defect there are

many others that lead to crime, and it is in regard to these that questions of responsibility are most prominent and methods of treatment most conflicting. Moral insanity enters largely into all crime, it may be argued. There are certainly many cases where it is evident that criminal propensities are directly the outcome of an imperfectly developed moral sense. These include, amongst many others, such cases as pyromania, offences against chastity, and the peculiar cases of unnatural conduct and cruelty that appear in the juvenile offender.

Another group of cases centres around that much-discussed question of defective self-control. Impulse leading to crime is most commonly met with in acute alcoholism, though in no other condition has so little attention been directed to the underlying temperament of the individual. Wife-beating has no purely physiological relation to alcohol. Though alcoholic intoxication may be a form of insanity, it is to be a serious matter if all criminal manifestations of it are to be relegated to the domain of mental defects. Certain it is that many habitual inebriates are weak-minded, and cannot abstain from drink, or be held fully responsible for their actions under its influence, actions which are due to a combination of toxic effect and mental defect.

Much more complicated are those cases which,

apart from drink, indulge in displays of vicious temper leading to assaults, usually occurring under discipline and in relation to the regulations and restraints of the police and prison authorities.

Epilepsy, too, leads to derelictness, because the impulsive manifestations are so often viewed in the light of waywardness rather than from the mental standpoint, and because in no other condition is the incapacity to make proper use of environment so evident.

Concrete examples of the process of drifting into crime might be multiplied with regard to all the foregoing conditions of mental defect. It must be plain to any one that if these cases are dealt with simply on account of the criminal propensities which their disease manifests from time to time, it is not so much a wonder that they go from bad to worse, but that they are ever out of prison at all. If the juvenile offender and the adult petty delinquent are so easily thrown from pillar to post, what of the discharged convict, mentally defective from the beginning, or the subject of those secondary defects that in some cases appear after a course of long sentences with intermittent debauch, coupled with the well-recognized exceeding difficulty of providing suitable after-care for this class under any circumstances?

The cause of derelictness, then, in the mentally defective criminal resolves itself into this, that till now there have been no means of detaining them on the grounds of that defect, and no possibility of providing in an already too occupied community such proper supervision as will obviate their succumbing to the environmental conditions of neglect and bad example.

PREVENTIVE MEASURES

First and foremost among the methods of prevention stands the treatment of the mentally defective child. It is from among the higher-grade defectives who are allowed to take a place in the world which they cannot keep that the bulk of criminal derelicts come. A system that will train the mentally defective child, and, above all, that will detain in proper institutions those who cannot be boarded out, or are returned after a trial, will, if properly carried out, do much to reduce the prison population. Prevention must, however, go a step farther to meet the juvenile offender. Moral delinquency must be recognized in its beginnings. The mental condition of the juvenile offender must be thoroughly inquired into, and probation for the normally minded juvenile must,

in the case of the youth whose defect is only recognized when he begins to drift in the stress of adolescence, give place to his indeterminate commitment to a place of training and detention such as will best suit his condition.

Meanwhile the great question has to be faced of how best to deal with this formed mass of derelicts. Repeated sentences in prisons, detention in convict prisons, attempts at reform in inebriate homes, have all proved that when there is an inherent mental defect it is difficult to prevent relapse. Hence the need for adequate legislation for the mentally defective, which, it may be said, is particularly aimed at the delinquent, bearing in mind the fact that in this country the non-criminal defective has for many years been well provided for. Milder cases with little active criminal or dangerous propensities may be relegated to labour colonies, where the conditions may be free and sufficient to meet their more passive criminal tendencies. The proper treatment of the borderland cases, amongst which are the dangerous and impulsive individuals, will always constitute a matter of difficulty. Partial irresponsibility surely implies a partial responsibility, and so much of the conduct of the criminal derelict can no more be laid to his mental defects than it can be treated without those stringent

regulations and precautions as regards order and good conduct which constitute discipline in its best sense. There is no need to confound, as so many do, discipline with punishment; the former is necessary for every one, whether it is self-controlled or imposed by guardians. Every allowance is made for the mentally defective in prison under existing conditions, and it is not really his detention there that makes for derelictness, but his liberation. The suggested 'half-way house' between prison and asylum is only a recognition of the fact that many delinquents are not suitable for penal discipline, while our modern asylum is no place for them. Much is to be said in favour of the opinion of asylum officials, who find their efforts to raise the hospital status of these institutions hampered by an influx of individuals who, though defective, have acquired criminal tendencies that make such aims impossible. There are many dangerous lunatics in asylums, but the presence of one defective with criminal tendencies is quite another matter, and often leads to the disorder and discomfort of a whole asylum ward. On the other hand, there is the testimony of those who have to deal with the criminal defectives in large numbers that their aggregation in one institution constitutes a responsibility of which few have the slightest conception.

Due facilities must be afforded for recognizing and eliminating the defective delinquent. In the Courts allowance is made for defect in the direction of mitigation of sentence, and many a delinquent is discharged who, for his own sake, would be much better committed to prison and the observation of the medical officer. Whether a mental expert should be attached to the Courts, or whether these cases should be observed and temporarily treated in special annexes of prisons, is of little moment when, under present conditions, such observation is of little account. The defective prisoner may be handed over to the Poor Law or other authority at any part of his progress ; but if he cannot be certified and sent to an asylum, his derelictness proceeds apace.

LEGAL PROVISIONS

The care of these individuals, when legislation provides for them, will form one of the most difficult administrative tasks ever undertaken. No one who has any experience of their treatment but knows that it cannot be a success unless the public, whose interests are to be protected, recognizes that the bulk of them are not ordinary lunatics, and that their detention will involve such extensive

supervision that the expenditure will be very great. Particularly must it be borne in mind that there are many criminal pests who are not weak-minded, and that there is a marked difference between 'breaking' and 'defying' social customs and prison regulations. The slighter the mental defect, and the more obvious the criminal tendency, the greater becomes the difficulty in convincing the individual that his detention is treatment and not aggravated injustice. The criminal defective always prefers prison to the asylum because of the statutory fixity of detention in the former, and always behaves well in the asylum when he gets there because he knows what 'recovery' implies.

There can be no difference of opinion as to the far-reaching and beneficial results in dealing with these individuals that will accrue from the provisions of the Mental Deficiency Act, 1913. It is to be administered as from May 15, 1914, by the Board of Control which, while retaining its former duties under the Lunacy Acts, is 'charged with the general superintendence of matters relating to the supervision, protection, and care of defectives.' The English and Scotch Acts are similar in the essentials. A glance at the Act will show how potent is its influence in dealing with the criminal derelict. The greatest benefit, it is true, will not

be felt for many years, for, when the Act is fully operative and the defective is taken care of from the earliest age, it is not too much to hope that in time such a powerful prophylactic measure will almost entirely eliminate the habitual petty offender, who now is in the majority of cases a defective derelict ; the process will not be allowed a beginning, nor will he, it is hoped, acquire, under care, any of the tendencies that make him troublesome and dangerous as well as an offender.

As for present action, the scope of the Act is wide enough to deal with the defective offender in a manner that ensures his better care and supervision, and at the same time protects in a more decided and permanent way the interests of society. The great bulk of cases will be dealt with under that class of defectives defined as feeble-minded persons, i.e. where defect exists from birth or an early age so pronounced that they require supervision, &c., for their own protection or that of others. How this will affect the criminal population generally will be readily seen when we note that a person who is a defective under the Act may be placed under guardianship or sent to an institution for defectives if, in addition to being a defective, he comes under a category of circumstances set forth in Section 2 which amply

provides for all associations of defect with vagrancy, delinquency, inebriety, &c.

The definitions of defectives include the moral imbecile, 'persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect.' This will ensure consideration of many cases who do not show the commoner intellectual defects which lead to early supervision, who, indeed, may start life after a school career of great promise, only to drift in adolescence.

The machinery for detecting and examining into the condition of the defective criminal is ample. Whether the defect is detected in Court, in prison, or elsewhere, the person may be committed upon medical testimony and with due statutory authority to that form of care which is best suited to deal with his defect, and the manifestations in conduct resulting therefrom. He may be handed over to guardians or sent to a suitable institution. Detention will then be curative as well as statutory, and because it is necessarily indeterminate it will doubtless be as generously homelike and satisfying as classification can make it.

The Act provides for special institutions for defectives of dangerous and violent propensities.

These are, as any one who knows them can testify, of all patients the most trying, far beyond the most dangerous lunatic (and they are different in spite of argument to the contrary). Though the collecting of them in one institution is a serious prospect, it is the only method likely to satisfy or indeed be fair to other institutions for defectives and to asylums, and it is only right and real treatment that the detention of these derelicts, one of the greatest boons the Act confers on the public, should for the future be not in a prison but in a curative institution; that detention will not after all probably be much more indeterminate than that constituted by their frequent imprisonments.

The main issue as regards the future is to prevent the imbecile acquiring criminal, immoral, and impulsive tendencies. That may seem difficult, but it is a splendid task for the new religion of social reform to go on with. The adult defective meanwhile is with us, and we must do something for our own safety and comfort. If well-behaved it will not be difficult to allocate him if legislation provides that all such shall be permanently detained and provided for. Let us not forget, however, that where the defective has formed habits of delinquency and dangerous propensities there will always be a

tendency to pass him on, and the guardians whom legislation finally appoints for him will need all the sympathy and indulgence of the enlightened members of the community.

REFERENCES

THE following should be consulted :

Report of Royal Commission on the Care and Control of the Feeble-Minded. London: Wyman & Sons. 1908.

The Mental Deficiency Act, 1913.

Annual Reports: *H.M. Prison Commissioners* ; *H.M. Lunacy Commissioners* ; and *Inspectors under Inebriate Acts.*

In addition to the books enumerated at the end of the preceding chapters, see the following :

ANDERSON, R. : *Criminals and Crimes: Some Facts and Suggestions.* London: Nisbet. 1907. 5s. net.

DEVON, J. : *The Criminal and the Community.* London: Lane. 1911. 6s. net.

ELLIS, H. : *The Criminal.* London: Walter Scott. 1890. 6s.

MAUDSLEY: *Responsibility in Mental Disease.* Fourth edition. London. 1881. 5/-

MERCIER, C. : *Criminal Responsibility.* London. 1905. 7s. 6d. net.

- MOREL, I. : ' La Traitement des Aliénés Ayant Comparu en Justice,' in *Proceedings of International Congress of Psychiatry, &c., Amsterdam, 1907.*
- RUSSELL, C. E. B., and RIGBY, L. M. : *The Making of the Criminal.* London : Macmillan & Co. 1906.
- SUTHERLAND, J. F. : *Recidivism.* Edinburgh : William Green & Sons. 1908.
- TREDGOLD, A. F. : *Mental Deficiency.* Second edition. London : Baillière, Tindall & Cox. 1914. 12s. 6d. net.

Consult also :

Papers in *British Journal of Inebriety*, *British Medical Journal*, and *Proceedings of National Conference on the Prevention of Destitution.*

XI

THE VAGRANT

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XI

THE VAGRANT

THE vagrant, the homeless wanderer, is met with in the tramp wards, the common lodging-houses, the charitable night shelters of large towns, or sleeping by the roadsides, under hedges, or in the open spaces and brick-crofts of our towns. For purposes of study those in the tramp wards are best adapted.

In the year 1906 I saw some 4,000 tramps in the large Tame Street Ward in Manchester whilst making inquiries into the number and conditions of the feeble-minded in the district, and my conclusions will be found in the Report of the Royal Commission.¹ More recently (December, 1912, and January, 1913) I have made a more detailed examination of a smaller number of tramps in the Prestwich Union tramp ward. This latter experience has, on the whole, confirmed my earlier one; but as my

¹ See *Report of the Royal Commission on the Care and Control of the Feeble-Minded*, Vol. VI, p. 153.

examination was more detailed and thorough, the results obtained are more precise and dependable.

GENERAL CONSIDERATIONS

The population of the tramp wards differs somewhat according to the time of year. In the winter many forms of outdoor work are interfered with by bad weather, and labourers who in the summer are able to maintain themselves outside are then driven to resort to the tramp ward ; whilst some of the older men, who find it almost impossible to get work, and some of the professional tramps, who make no attempt to get work, find life on the roads in the winter-time so hard that they betake themselves to the shelter of the workhouse. There is some tendency also for vagrants to drift into the larger towns in the winter-time, attracted in part, I am afraid, by the opportunity of occasional free meals and shelter provided by certain well-meaning religious and philanthropic bodies.¹

¹ In 1906, when I was making investigations in the Manchester common lodging-houses, I spent a series of Sunday afternoons in one of the largest of them. On the last Sunday that I was in I remarked on the small number of inmates as compared with the earlier dates some weeks before, and the answer I got was that ' Wood Street was closed now.' This referred to a night shelter where some three hundred men were given a bowl of soup and a round of bread each night, and allowed to lie on the floor or on a table, but with, at any rate, a roof over their head.

CLASSIFICATION OF VAGRANTS

I have divided the vagrants whom I have seen roughly into six groups. The first two are much the most important in respect of numbers.

Group I.—No less than 22.5 per cent. of the whole community of vagrants is made up of casual labourers — almost wholly outdoor workers, 'navvies,' with a few farm hands—working always on temporary jobs, who have, when one piece of work is finished, to tramp about the country looking for a fresh one. They may be a few weeks or months on any one job ; occasionally on such an undertaking as a big waterworks scheme they may have steady work for several years ; but these are the exceptions. In the summer-time, when outdoor work is plentiful, they may be out of work between jobs for a few days only at a time ; but in winter the out-of-work periods are longer, and this is also the case as they get older. Many who have been navvies in their earlier days take to farm-labouring as they get older, this being more easily obtained, but less well paid. Many of the men in this class admit that they have been in and out of tramp wards for many years past ; and, in spite of the fact that the younger ones at any rate have been in fairly regular work, with only short intervals in

which they are out, they have rarely saved more than a few shillings at the end of a job, and as soon as this is spent must have recourse to the tramp ward. One man, only forty-one years of age now, who had been engaged for five or six years on the Birmingham waterworks scheme, said that he had saved no money at the end of that time. The main characteristics of this type of vagrant is reckless imprudence. They are practically without exception unmarried (or at any rate pass as such); they know that their job is a temporary one, which may be interrupted by bad weather, or at the end of which they will have to search the country for a fresh one; yet they appear quite incapable of putting anything of their earnings by to tide them over the bad times when work is difficult or impossible to get. If the question is put to them, they admit that 'they spent their money as they got it,' and this means in practically every case that it has gone in the public-house. One man volunteered, when I asked him whether he was single or married, that he was 'too fond of drink to get married.' Comparatively few of them showed any physical evidence of over-indulgence in alcohol, but it must be remembered that a man doing hard manual work can take a good deal of liquor without any very definite evidences of the ill effects showing

themselves. One can readily see that there are bound to be difficulties in the way of those who wish to lead a soberer and more thrifty life. As one man explained, 'If you wanted to go straight, there was always those as wouldn't let you.'

Every variety and grade are represented in this group, from those of sixty years or approaching it who are now finding work more and more difficult to get, but who have only been obliged to come to the tramp ward within the last few months, to men in the prime of life, from thirty-five to forty-five years old, who admit that they have been in and out of tramp wards for many years past, and that they have never stopped more than a few weeks at any one job—the rolling-stones, who are capable of good work, and will take it when offered, but soon tire of it and want a change.

Group II.—The most numerous of all (43 per cent. of the whole) was composed of those who, though now forced to depend on temporary work, had been previously in permanent jobs, perhaps for many years with one employer. They had, for instance, been employed at various works, with regular wages and permanent employment; or with one contractor, in which case, though they had to move on when one of his undertakings was finished to a fresh job, they were regularly on his

books, and were given the first opportunity of work, and so were never out of work for more than a few days at a time over long periods. Some had been more skilled workmen—masons, cabinet-makers, clerks, salesmen, and so on.

But for some reason or other these men had lost their regular work, often at a time of life when it was not easy to get into a fresh berth, and had had to earn their livings under the same less stable conditions of those included in Group I. The commonest cause given for the loss of their regular work was (a) *shortage of work* (in just over a quarter of all the cases) ; that is to say, the firm employing them either had no fresh jobs on hand, or trade was so slack that they were obliged to reduce their permanent staff. In a few cases the stoppage of work had been the result of a prolonged strike. A few gave the history of being turned off on account of being (b) *too old*. Rather less than one-quarter had been thrown out owing (c) to the *death of their employer*, or the *failure* of the works at which they had been employed, or to such change in the character of trade that the business was abandoned. About the same number had been thrown out (d) owing to *accident or illness*, and about one-seventh of the whole group admitted that they had been discharged (e) owing to *drink* or

misconduct. A slightly smaller proportion had given up good permanent work solely because they had (f) got *tired of regular work*, and *wanted a change*; while two or three gave the history that they had been in good places, but had been (g) *tempted away* by the prospect of better pay to new places which had proved unsuccessful.

Group III. is composed of more skilled workers. Some of these, as painters and bricklayers (who together make up half the group), find themselves often under the same compulsion as the outdoor labourers of looking out for a new job when the old one is finished. The others were workers in other fairly skilled trades, who for one or other of the reasons mentioned under Group II. had been thrown out of regular employment, but were still doing odd jobs in their own line, and had not descended permanently to unskilled labouring.

Group IV. is a small one, containing only 4 per cent., and is composed of men who are not *habitués* of the tramp wards, who have been in perhaps at most three or four times. They have mostly been in fairly regular good work, but for some reason or other are temporarily down on their luck; and in their case there is reason to hope that they may re-establish themselves and raise themselves out of the vagrant class.

Group V. is a composite one, and includes some 15 per cent. of the whole. (a) Two-fifths of them (only 6 per cent. of the whole) are the *professional tramps*, who, whatever their previous record, are now regular *habitués* of the tramp wards, and rarely, if ever, turn their hands to any work beyond occasionally carrying a bag or other odd job or a little hawking on a very small scale. They have reduced their wants to the simplest needs of life, and are content with the primitive comfort of the common lodging-house, or, failing this, with the slightly more austere régime of the tramp ward, so long as they may be free from the irksome cares of sustained toil. Most of them are regularly known in the casual wards, where they will turn up as often as, or perhaps oftener than, is allowed, though they mostly make a circuit from one tramp ward to another, and so avoid returning within the prohibited period (usually one month). One man of thirty-one, who described himself as a plasterer, explained that he had been 'following tramp wards for nine years past,' and was described by the tramp master, who knew him well, as 'one of the regular gang of won't works'; whilst another regular *habitué*, who was refused as often as he was taken in, was described to me as one who 'would run away from work.' As already explained, the

proportion of this class is smaller in winter than in summer, as many of them, especially the older ones, go into the workhouses in the winter and return to the road in summer. (b) Another two-fifths are mostly younger men, who are, however, in very irregular work, frequently finding their way into the tramp wards; feckless, reckless fellows, who, if they do get a job, do it badly or throw it up causelessly. They are mostly going downhill and losing their self-respect, drifting into professional tramps; but at present, when trade is good and workmen have money in their pockets, they manage, by sponging on their friends, to maintain themselves in the common lodging-houses, and so keep out of the tramp wards. I am told that when trade is bad many more of these work-shy individuals are to be met with in the tramp wards, but that the number now is exceptionally low. In some of these there is a distinct criminal taint, and others show physical evidence of alcoholism.

Another one-fifth are older men, or those with some special disability, who may have been good workers in their time, but now their jobs are so few and far between that they are becoming regular *habitués* of the tramp wards, and fast approaching the 'professional' class.

Group VI.—The mentally defective (3 per cent.

of the whole). I have dealt with this class more fully elsewhere, and all that I wish to say here is to repeat that any mentally defective individual who sinks down to the level of the tramp ward is, *prima facie*, not under proper care and control, and is one for whom permanent provision should be made.

REFERENCES

AN immense literature awaits the serious student of vagrancy and the unemployed and unemployable.

The following official reports should be consulted :

Report and Evidence Department at Committee on Vagrancy. 1906. 1s. 6d. and 5s. 1d.

Report on Agencies and Methods for dealing with the Unemployed. 1893. 1s. 9d.

Report to the Board of Trade on Agencies and Methods for dealing with the Unemployed in Certain Foreign Countries. 1904. 1s.

Return as to the Proceedings of Distress Committees in England and Wales. 1908. 3½d.

Select Committee on Distress from Want of Employment. Three Reports and Final Vol. 1896. 1s. 9d., 4s. 1d., 8s. 11d., and 1s. 6d.

See also :

Proceedings of the National Conference on the Prevention of Destitution. London : P. S. King & Son. 1912. 5s.

Consult the following :

ALDEN, P., and MAYNARD, E. E. : *The Unemployable and Unemployed.* London : Headley Brothers. 1908. 1s. net.

BEVERIDGE, W. H. : *Unemployment.* Third edition. London : Longmans. 1912. 7s. 6d.

BOOTH, C. : *Life and Labours of the People of London.* Vols. i.—ix. London : Macmillan. 1902. 7s. 6d. each.

BOSANQUET, B. : *The Standard of Life and Other Studies.* London : Macmillan. 1898. 8s. 6d.

BOSANQUET : *Rich and Poor.* London : Longmans. 1896. 3s. 6d.

CARLILE, W., and V. W. : *Continental Outcasts : Land Colonies and Poor Law Relief.* London : Unwin. 1906. 1s. net.

CHALMERS, T. : *Chalmers on Charity.* London : Archibald Constable & Co. 1900. 7s. 6d.

CHANCE, W. : *Vagrancy.* London : P. S. King & Son. 1906. 6d. net.

CHIOZZA-MONEY, L. G. : *Riches and Poverty.* London : Methuen. 1904. 1s.

DRAGE, G. : *Unemployed.* London : Macmillan. 1894. 3s. 6d. net.

FAWCETT, H. : *Pauperism : Its Causes and Remedies.* London : Macmillan. 1871.

- GRAY, B. K.: *Philanthropy and the State*. London: P. S. King & Son. 7s. 6d.
- HAGGARD, H. R.: *Poor and the Land*. London: Longmans. 1905. 1s. 6d.
- HIGGS, M.: *Glimpses into the Abyss*. London: P. S. King & Son. 1906. 3s. 6d. net.
- HIGGS, M.: *How to Deal with the Unemployed*. London: Brown. 1904. 2s.
- HOBSON, J. A.: *Problem of the Unemployed*. London: Methuen. 1904. 2s. 6d.
- HOWARTH, E. G., and WILSON, M.: *West Ham: A Study in Social and Industrial Problems*. London: Dent. 1907. 6s. net.
- HUNTER, R.: *Poverty*. London: Macmillan. 6s. 6d.
- LOCH, C. S.: *Charity and Social Life*. London: Macmillan. 1910. 6s.
- MACKAY, T.: *The English Poor*. London: John Murray. 1889.
- PRETYMAN, J. R.: *Dispauperization*. London: Longmans. 1878.
- REASON, W.: *Our Industrial Outcasts*. London: Melrose. 1905. 2s.
- REASON, W.: *Poverty*. London: Headley Brothers. 1909. 1s. net. Bibliography.
- ROGERS, C. F.: *Charitable Relief*. Longmans. 2s. 6d.
- ROWNTREE, B. S.: *Poverty: A Study of Town Life*. London: Macmillan. 1892. 1s.
- SHERWELL, A.: *Life in West London*. London: Methuen. 2s. 6d.

- SPENCER, M. : *Social Degradation*. London : Student Christian Movement. 1908. 1s.
- TAYLOR : *Bibliography of Unemployment and Unemployed*. London : P. S. King & Son. 1910. 1s. 6d. net.
- TURNER, C. J. R. : *A History of Vagrants and Vagrancy, and Beggars and Begging*. London : Chapman & Hall. 1889. 21s.
- WEBB, S. and B. : *English Poor Law Policy 1834-1909*. London : Longmans. 1909. 7s. 6d.

The report of the Poor Law Commissioners, the records of the Poor Law Conferences, and the various publications of the Local Government Board dealing with matters relating to the Poor Law should be fully studied. See useful bibliography given in *Annual Charities Register and Digest*. London : Longmans, Green & Co., and Charity Organization Society. 1914. 5s. net. Many useful references will be found in the Bibliography appended to *A Student's Library*, edited by H. Bisseker, M.A. London : C. H. Kelly. 1911

XII

THE PROSTITUTE

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XII

THE PROSTITUTE

THE problem of the prostitute is only one part of the larger problem of prostitution. To study this latter thoroughly, it would be necessary to trace its roots through the mazes of ethnology, psychology, and economics. Such would require a study of a vast and complicated traffic, involving buyers and sellers, middlemen and markets, together with a number of allied and parasitic trades which artificially foster both the demand and the supply. The purpose of this article is much less ambitious. It deals only with the seller, the woman who makes merchandise of her body. Such a treatment is manifestly incomplete, yet it is all that can be attempted here. In this problem there are a series of vicious circles : men seducing women, and these women in their turn seducing men ; girls whose fall is due to bad homes, themselves becoming the wreckers of other homes ; low wages leading to vice,

and vice lowering wages. These circles may, and must, be broken. Many forces are converging to-day on the problem of prostitution. Those who seek to make a breach in one place have the encouragement of knowing that other parts of the problem are being simultaneously attacked from other sides.

THE DEFINITION OF A PROSTITUTE AND FEATURES OF THE LIFE

Hardly any two writers agree on the correct definition of a prostitute. Here we shall follow Havelock Ellis in defining a prostitute as 'a woman who temporarily sells her sexual favours to various persons.' This definition excludes on the one hand the kept mistress, and on the other hand all persons who have irregular sexual relations for motives other than pecuniary.

Prostitutes are chiefly found in cities. They are most numerous in the largest cities, in those where there is most luxury, and in those where for any reason large numbers of men are deprived, temporarily or permanently, of family life.¹

There is a natural tendency for these women to

¹ This does not mean that such men are the only customers of prostitutes. Where brothels are encouraged and tolerated, the patrons consist largely of married men.

congregate together. Their own social instincts and the convenience of their patrons are better met when a number reside in one house. The keeper of such a house ordinarily derives a large income from it, and therefore takes pains to encourage this gregarious tendency. In a few European cities, and frequently in Asia and America, a special quarter of the city is given up to such establishments. It was formerly held that this arrangement facilitated supervision by the police, and kept the rest of the city clear of undesirable characters ; but all recent investigation shows that it fails to attain either of these objects. Moreover, official toleration, whether by segregation or otherwise, facilitates the traffic in women, and tends to police corruption.

In European cities the number of large establishments has greatly diminished of late years. Even where they are countenanced by the police, the women and their clients show a growing dislike for these houses. They are being replaced to a certain extent by assignation-houses (*maisons de passe*), where appointments are made, by telephone or otherwise.

If in the modern world the brothel-keeper is tending to disappear, another figure, no less sinister, is coming into increasing prominence. The *souteneur*,

or bully, is a man who lives on the immoral earnings of his wife or his concubine. In some cases the woman has selected him because she likes to have such an ally—part lover, part protector, and part tyrant. In other cases the man compels his wife or mistress to earn money in this way. In either case men of this kind must be dead to all self-respect and manliness. They constitute a lawless and dangerous element in the population, and are punishable as ‘rogues and vagabonds’ by the English law.

Another feature of modern prostitution is the increasing youth of the women; this is said to be noticeable in all countries. In France and England alike the great majority begin this career before they are eighteen, often before they are sixteen years of age.

It need hardly be said that there are many grades, from the woman who lives in luxury and keeps her motor-car to the drunken drab of the slums. In this profession, as in others, a certain number work their way up by ability or luck, while others are constantly dropping lower. It is notoriously difficult to ascertain what ultimately becomes of these women. Even where there is the strictest police surveillance many ‘disappear.’ A certain number marry, or otherwise become absorbed in the general

population. Others, as they grow older, save money and become brothel-keepers and procuresses. Doubtless many die from venereal disease, from alcoholism, from tuberculosis, or other diseases induced by a dissipated life.

STATISTICS REGARDING PROSTITUTION

Reliable statistics as to the number of women living by prostitution are unattainable. In Paris the Prefect of Police stated in 1906 that the number of prostitutes on the police registers was about 6,000, but he estimated the total number of women practising prostitution as nearer 60,000. For London no official estimate has, we believe, been published. Obviously it is impossible to make any accurate count in the case of persons who are desirous of hiding their mode of life from the authorities, and even from their own friends.

DISEASES OF PROSTITUTION

There are several forms of disease specially associated with sexual promiscuity. The most important are syphilis and gonorrhea. They are communicated by contact with an infected individual; while usually acquired by illicit intercourse, they are frequently conveyed to the innocent in married life and otherwise. They are sometimes spread by

the use of common drinking utensils, tobacco-pipes, towels, &c.

Syphilis in its early stages is manifested by affections of the skin, throat, &c., and in subsequent years by serious lesions of the bones, arteries, and nervous system. Early and persistent medical treatment greatly reduces the danger of these late results. A man who has acquired the disease is subject for several years to the risk of communicating it to his wife and unborn children.

Gonorrhea is a more local disease, but almost equally serious in its consequences. In both men and women it is a cause of painful internal diseases and sterility, and in new-born infants of blindness. Under the influence of the current erroneous belief that it is a trivial complaint, men often marry before they are thoroughly cured of it, and so inflict sterility and invalidism on their wives.

The only way to eliminate these diseases is to get rid of the conditions in which they flourish, and to raise the current standards of morality. In the meantime, free and easily accessible treatment should be available for all sufferers, not only for their own sakes, but to diminish the risk of their infecting others. The compulsory measures which are applied in the case of many other communicable diseases are inapplicable to these, because of the

ease with which they can be concealed, the motives for concealment, and the long course of the diseases.

CAUSES OF PROSTITUTION

It has already been said that the causes of prostitution as a whole cannot be dealt with here. All that can be attempted is a brief analysis of the motives that lead individuals to adopt and persist in a mode of life so repugnant to the normal woman. Most writers give statistics indicating the frequency of these various motives, grouped under such heads as the following :

Inclination or depravity ; love of amusement or luxury ; inebriety ; seduction and abandonment ; bad companions ; bad home conditions, including death of parents or husband, or abandonment, ill-treatment, &c. ; poverty, low wages, unemployment.

Such a classification is usually based on the reasons alleged by the women themselves, and is necessarily superficial. The adoption of this career is rarely the result of a single decision, a deliberate choice ; it is, as a rule, the culmination of a process of ' drifting,' in which the subject herself is often unconscious of the predisposing causes.

Again, such a classification ignores the important distinction between the causes of immorality in

general, and the causes of *mercenary* immorality. To use the technical language of the rescue homes, it is not every 'fallen girl' who 'goes on the streets.' Broadly speaking, and with due reservations, it may be said that a girl's first deviation from the path of virtue is very rarely consciously influenced by economic considerations. But when she has once 'fallen' or 'lost her character,' and especially if she has a child, there are a host of powerful influences, some of them economic, most of them artificial, which tend to make her a permanent outcast and prevent her regaining a footing in normal life.

It is probably safe to assert that a normal girl brought up in a normal home and with normal conditions of life and work would not become a prostitute. The following classification is based on that assumption, and enumerates the principal defects in the individual and her surroundings which act either as immediate or remote causes :

1. *Defect in the Individual.*—Efforts have been made by Lombroso and others to describe a 'prostitute type,' but without marked success. 'It would seem, on the whole, so far as the evidence at present goes, that prostitutes are not quite normal representatives of the ranks into which they were born. There has been a process of selection of

individuals who slightly deviate congenitally from the normal average, and are, correspondingly, slightly inapt for normal life.’¹ These deviations are not necessarily defects. They are often characteristics which might be turned to good use if properly directed, though they unfit the girl for the life which her surroundings seem to impose on her. Often, however, the deviation is a real defect. The most obvious case is that of the feeble-minded, who constitute a considerable proportion of the lowest grade of prostitutes, and especially of the drunken, dirty type who drift in and out of workhouses. The reasons are not far to seek : these women are unfit to protect themselves, and they are unfit to earn a living in any other way. It is said that one-third of the women who enter rescue homes are more or less feeble-minded.

2. *Defects in Home and House Conditions.*—Occasionally a girl is deliberately brought up for, and introduced to, a life of vice by her parents, who may themselves be of the prostitute class. Apart from such cases of deliberate corruption, some defect in the early home-life is almost universal in the histories of unfortunate women. Some are illegitimate children. Some have been reared in institutions, public or charitable, and therefore have never

¹ Havelock Ellis : *Studies in the Psychology of Sex*.

known a home. If there is a home, it is usually incomplete, or in some way abnormal ; either the father or the mother is dead, or one parent (perhaps both) is drunken, immoral, criminal, or feeble-minded. In other cases the parents may be well-meaning and respectable, but inefficient, being either too weak to exercise proper control, or attempting an excessive strictness which inevitably results in reaction and wildness. All these conditions leave the boys and girls unwarned and unprotected, at the mercy of bad associates and of their own untrained impulses. The result is seen in the loose and promiscuous vice that prevails among young people, and even among children, in some of our large towns. Vagrancy and street trading by little girls are direct roads to prostitution.

Another factor is bad housing. Careful mothers sometimes succeed in bringing up their children modest and moral in very crowded quarters, but we cannot wonder that many fail to do so.

When a girl has 'got into trouble,' it often happens that her parents, in their virtuous indignation, refuse her any help or shelter. Unless she is fortunate enough to find care and protection elsewhere, her friendlessness drives her to an immoral life, the only career in which her past folly is not a handicap.

3. *Defects of Education.*—Faulty or deficient education is a broad term covering many shortcomings, more or less remediable. The most serious defect is the lack both at home and school of moral education, using the words both in their broader and narrower sense. Boys and girls alike are sent out into the world with no sense of responsibility to themselves or others ; no teaching which will fit them for their duties as citizens, as husbands and wives, or as parents. What wonder if they grow up anti-social, seeking nothing but the pleasure of the moment ?

Almost equally serious, in the case of girls, is the failure to equip them properly for maintaining themselves. Give a girl the training which will make her an efficient worker in her chosen line, and she will be protected to a large extent from the temptations which beset the poorly paid and the unemployed.¹ Further, if her work is of a kind in which she can take some joy or pride, she will not be driven to seek all her interests in other directions.

4. *Defects of Industrial Conditions :* (a) *Wages.*—The relation of low wages to prostitution is not so

¹ Commenge points out that many of the Parisian prostitutes are country girls who came to Paris to enter service, but who, being untrained and incapable, were unable to keep respectable places.

simple a problem as some would have us believe. The sweated women, the worst paid of all, rarely swell the ranks of vice ; they are so absorbed in their hard struggle for the barest necessities that they seem to have no time even to look at this temptation. It comes rather to those who are fairly secure as to actual necessities. Their hours of monotonous work leave them a little time in which to desire pleasure and excitement, but their wages leave no margin for even the simplest luxuries. The natural and innocent desire for smarter clothes, for a little gaiety, leads them astray. With rather more adequate wages, they could pay for these things themselves. There is everywhere a large floating margin of women and girls who are engaged in legitimate occupations and only practise prostitution occasionally and as a subsidiary source of income. Most of these do it at first reluctantly, and would not do it at all if they could gain enough otherwise to satisfy their wants. It is from this fluctuating margin that the class of professional prostitutes is being constantly recruited.

(b) *Unemployment* seems to be a potent factor. Many girls earn enough wages to keep them going in tolerable comfort, but lay nothing by. When they fall out of work, they can weather the storm if they have a home and family behind them. But

a girl who stands alone soon comes to the point where she has no honest resource.

Connected with this is the question of registry offices. There are a few employment agencies which are deliberate traps for girls, and a much larger number where little effort is made to ascertain the *bona fides* of the situations offered.

It is well known that prostitutes are largely recruited from the ranks of domestic servants. This in itself shows that economic considerations alone do not suffice to account for prostitution; for 'of all the great groups of female workers, domestic servants are the freest from economic anxieties.'¹

(c) *Conditions of Work*.—In many workshops and factories the women are entirely at the mercy of masters, foremen, or overlookers, some of whom claim the *droit seigneurial* of the feudal lord. Apart from this, there is too often, both in workshops and offices, an amount of unrestricted filthy talk, a deliberate corruption of the younger by the older employees, which constitutes a foul moral atmosphere, as pernicious to the public health as a foul physical atmosphere.

To deal with the special temptations of particular

¹ Havelock Ellis, in his work on *Studies in the Psychology of Sex*, p. 264, provides an interesting and serviceable discussion of the position of domestic servants in regard to this problem.

occupations would take too much space. But there is one characteristic common to so many women's occupations that it must be alluded to. This is *monotony*. The extreme case is where a girl spends nine or ten hours a day in the purely mechanical task of feeding a machine, a task which gives no occupation whatever to her mind, and leaves her in the evening, not healthily tired, but with limbs craving for movement, and a mind starving for colour and excitement. Can we wonder if she spends her evenings in the freedom of the brightly lighted streets with their dangerous companionships?

5. *Defects of Recreation*.—Most working girls do some amount of domestic work at home, and are content with much less recreation than their brothers and fathers; but they want some outlet, if it be only for an hour or two in the week. A certain number find wholesome recreation and companionship in the girls' clubs and institutes which are now spreading all over the country. But if these are not available, or not acceptable, what remains? A girl cannot welcome her friends in the cramped living-room of her home, or in her lonely lodging; she must find her society and her interests in the street, unless she has a 'fellow' who will treat her to amusements which she could herself scarcely afford,

like the music-hall, the cinema theatre, or the dancing-saloon. Such companionship often leads to honourable courtship and happy marriage—but it often ends otherwise.

Hardly sufficient attention seems to have been given to the problem of recreation for girls in the dangerous adolescent years from fourteen to eighteen. Boys have their cricket, their football, their scouting. But girls are equally gregarious, and in their own way almost equally adventurous. What is there for them? Their place, we are told, is the home; but in the usual working-class home there is no facility for social intercourse; or if there is a 'front room,' the thrifty mother seldom lets her daughter use it; agelong prejudice impels her to reserve for Sundays and funerals the glories of the carpet and upholstered 'suite.'

The difficulty applies with equal force to domestic servants. The 'general' often has a very lonely life; how can she employ her 'evening out' if her own home is not within reach? Where can she meet her 'companion,' or her 'young man' in safe and wholesome surroundings? The wonder is, not that so many go astray, but that so many keep straight under a system organized in defiance of the simplest needs of human nature.

OTHER CAUSES OF PROSTITUTION

Adolescence.—It is obvious at once that nearly all the previously mentioned influences operate more powerfully and are more dangerous for the young than for the mature. As a matter of fact, nearly all prostitutes begin their career before they are nineteen. Guidance, protection, and support in the years immediately succeeding sixteen are of the utmost importance.

Maternity.—An unmarried mother has hard work to resist the many forces tending to drag her downwards. She has to earn enough to keep two, except in the rare cases where she has succeeded in obtaining and enforcing a paternity order. Her character is gone; the best situations are closed to her; too often her family and friends have turned their backs on her. If she has been confined in a workhouse lock ward, she probably learned more of evil than of good. But that the economic factor is not the only one is shown by the fact, now recognized by most rescue workers, that the best chance of keeping such a woman straight is by keeping her child near her and getting her to recognize her responsibility. She is more likely to go wrong again if the child dies, or if it is taken from her.

Alcoholism.—Most prostitutes drink more or less,

and a considerable number succumb to diseases induced by alcohol. In the case both of men and girls the first steps in vice are often taken under the influence of drink, but this is by no means always the case.¹

THE EXPLOITATION OF VICE

There are men and women who make it their business, for the sake of financial gain, to encourage the immorality of others. The wealthy and fashionably dressed persons of both sexes who decoy innocent girls by bogus advertisements, by offers of situations, by promises of marriage, and by a thousand other tricks; the keepers of houses where the victims are 'broken in'; the traffickers who take the 'parcels' from one country to another, are all parts of a gigantic system. They are in organic connexion with the licensed or tolerated houses which are the ultimate market of the traffic,²

¹ See articles in *The British Journal of Inebriety*, Vol. VII., p. 29, 1910; Vol. VIII., p. 143, 1911. This journal is the official quarterly of The Society for the Study of Inebriety. London: Baillière, Tindall & Cox. Annual subscription 5s.

² This fact is now well recognized (see *Report of Madrid Congress, 1912, against the White Slave Traffic*). In England, Holland, Denmark, and other countries where the system of licensing has been abolished, the white slave traffickers may still do recruiting, but they dispose of their captives in places where the licensing system makes it easier to keep them enslaved.

with the police who tolerate these houses, and with the property-owners who derive enormous rents from them. But there would not be a traffic at all unless there were wealthy patrons demanding to be supplied.

It is too often forgotten that the men who associate with prostitutes, live on their earnings, exploit them and sell them, have frequently been brought up under similar conditions to the women—without home-life, without moral restraint or moral support, and without the training that would fit them to earn an honest living. The men and the women alike are derelicts for whom society is responsible.¹

THE PREVENTION OF PROSTITUTION

Enough has already been said to indicate what appear to be the main lines of prevention. Everything that raises the ideals and the possibilities of the family and the home, everything that secures for all young people the immense benefit of true home-life, must prove a powerful check on prostitution. Of equal importance is everything that safeguards the dignity, the responsibility, and the efficiency of the individual woman. Women and girls have too long been held cheap, and have accepted this

¹ On this point see Miss Jane Addams' work on *A New Conscience and an Ancient Evil*. London: Macmillan. 1912.

valuation of themselves. Women's labour must be properly organized and properly paid.

Moral sanitation of workshops and factories, suppression of impure literature and of demoralizing amusements, better provision for the leisure of young people (perhaps compulsory continuation schools), will all tend to more wholesome conditions.

Lads and girls should be taught something of sex-hygiene, and of the duties and responsibilities of parenthood.

LEGISLATION AND ADMINISTRATION

Although English law and practice in regard to sexual offences compares favourably with that of many other countries, amendment is needed in several directions. The laws which regard lads and girls of sixteen as adults in regard to sexual relations should be amended in view of the fact that moral maturity usually comes some years later than physical maturity. Employers or others who seduce girls under their authority should be punished with special severity. Adequate control and protection should be provided for the feeble-minded and morally defective of both sexes. The new Mental Deficiency Act, 1913, if rightly administered, should prove of much service.

But it is not only legislation that is needed. In

many parts of the country there is a lamentable slackness in administering the existing laws for the protection of women and children, for suppressing the exploitation of vice, and for enforcing responsibility on the fathers of illegitimate children.

It is generally agreed that the present method of dealing with women or girls convicted of sollicitation is hopelessly wrong. The usual fine with the alternative of a fortnight's imprisonment fails as a deterrent, and does harm rather than good. Girls under twenty should be sent to a reformatory or Borstal institution for a sufficient length of time to re-educate them for a wholesome and normal life. To put them on probation is useless unless they can be removed from their evil surroundings.

As to the right attitude of the law to adult prostitutes opinions are much divided. Failure has attended all attempts to suppress prostitution by imposing penalties on women alone, and it appears impossible to punish the men. The Continental system of Regulation—i.e. the recognition and toleration by the police of those prostitutes who comply with certain rules and conditions—is immoral and unjust in principle, and is now generally admitted to be a failure in practice.¹

¹ See the work of Abraham Flexner on *Prostitution in Europe*. London: Grant Richards, Ltd. 1914 7s. 6d. net.

If the law can suppress all attempts by third parties to exploit for their own profit the vices and passions of others, and can secure adequate protection for the young of both sexes, it will go far to stop prostitution, especially if the social reforms suggested are carried out at the same time.

PREVENTION IN INDIVIDUAL CASES

In social disorder, as in physical disease, an indispensable part of the treatment in every case is to remove the cause. An attempt should be made to supply the element that has been lacking in the girl's life, whether it be home influence, suitable work, safe recreation, or true teaching. It may also be necessary to remove her from the neighbourhood of undesirable associates. If these conditions can be secured in her own home, that is undoubtedly the best place for her. Otherwise she may have to be placed in some carefully chosen institution where she may be re-educated and fitted for normal life.

Girls under sixteen years can usually be dealt with under the Children Act. Those over that age cannot be protected from their own wilfulness or their bad surroundings unless they themselves really wish to be helped. It is deplorable that a girl of sixteen should be regarded by the law as an

adult, and allowed to choose a life of vice before she is old enough to realize the ultimate consequences.

REFERENCES

AMONG the many works dealing with prostitution and the sex problem, the following will be found of special service for reference :

GENERAL.

BEBEL, AUGUST : *Woman : Her Position in the Past, Present, and Future*. London : Reeves.

BLOCH, IWAN : *Die Prostitution*. Berlin : Louis Marcus. 1912. Only the first volume of this important work has appeared. It deals with ancient and mediaeval times. The second volume, dealing with modern times, is promised shortly.

DUFOUR, PIERRE : *Histoire de la Prostitution chez tous les Peuples du Monde depuis l'Antiquité la plus Reculée jusqu'à nos jours*. Eight volumes. Brussels. 1861.

ELLIS, HAVELOCK : *Studies in the Psychology of Sex*. Vol. VI, 'Sex in Relation to Society.' Philadelphia : F. A. Davis Company. 1910. Chapter vii. of this volume consists of a comprehensive study of prostitution.

ELLIS, HAVELOCK : *The Task of Social Hygiene*. London : Constable & Co., Ltd. 1912. 8s. 6d. net.

FLEXNER, A. : *Prostitution in Europe*. Published for

the Bureau of Social Hygiene by the Century Co., New York. 1914. \$1.30. London: Grant Richards, Ltd. 1914. 7s. 6d. net.

SANGER, W. W.: *The History of Prostitution*. New York: The Medical Publishing Co. 1913.

ENGLAND.

BOOTH, CHARLES: *Life and Labour of the People of London*. London: Macmillan. 1902.

See also :

Girls over Sixteen in Moral Danger. Report of a Conference at Westminster, April 26, 1912. Ladies' National Association, 19 Tothill Street, Westminster.

Consult pamphlets on *Venereal Disease and Public Health* issued by the International Abolitionist Federation, 19 Tothill Street, Westminster, S.W.

FRANCE.

COMMENGE, O.: *La Prostitution Clandestine à Paris*. Paris. 1904.

FIAUX, L.: *Un Nouveau Régime des Mœurs*. Paris: Alcan. 1908. Describes the remedies suggested by the French Extra-Parliamentary Commission. 1903-1907.

PARENT-DUCHATELET, A. J. E.: *De la Prostitution dans la Ville de Paris, Considérée sous le Rapport de l'Hygiène Publique, de la Morale et de l'Administration*. Troisième édition. Two volumes. Paris. 1857. The first edition was published in 1836.

THE UNITED STATES.

ADDAMS, JANE: *A New Conscience and an Ancient Evil*. London: Macmillan. 1912.

KNEELAND, G. J.: *Commercialized Prostitution in New York City*. Published for Bureau of Social Hygiene by the Century Co., New York. 1913. \$1.30. London: Grant Richards, Ltd. 1913. 7s. 6d. net.

See also the following reports:

The Social Evil, with Special Reference to Conditions Existing in the City of New York. A Report prepared under the Direction of the Committee of Fifteen. Second edition. Edited by Edwin R. A. Seligman, LL.D. New York: Putnam. 1912.

The Social Evil in Chicago. A Study of Existing Conditions, with Recommendations by the Vice Commission of Chicago, 1911.

Report of the Minneapolis Vice Commission. 1911.

These reports by the Chicago and Minneapolis Vice Commissions may be obtained from the American Vigilance Association, 156 Fifth Avenue, New York.

VENEREAL DISEASES AND THEIR PREVENTION.

SMITH, A. CORBETT: *The Problem of the Nations*. London: John Bale, Sons & Danielsson. 1914.

CREIGHTON, LOUISE: *The Social Disease and How to Fight It*. London: Longmans. 1914.

DOCK, L. L.: *Hygiene and Morality*. New York: Putnam.

WHITE, DOUGLAS, and MELVILLE, C. H.: *Venereal Disease: Its Present and Future*.

Preventive Hygiene: An Account of the Brussels International Conferences, 1889 and 1902. Fourth edition. 1912. London: John Bale, Sons & Danielsson.

Hygiene in Relation to Rescue Work. Report of a Conference held in London, 1910. (National Union of Women Workers, Parliament Mansions, London, S.W.)

Much information may also be gleaned from the reports and other publications of the International Abolitionist Federation, 3 Rue du Vieux Collège, Geneva, and of the British Committee of the same Federation, 19 Tothill Street, Westminster, S.W.

See also :

White Slave Traffic. The Report of the Fifth International Congress for the Suppression of the White Slave Traffic. London: International Bureau, St. Mary's Chambers, 161A Strand, W.C.

Much helpful information regarding moral education and preventive teaching in regard to prostitution may be obtained in the publications of the following societies :

The White Cross League, 7 Dean's Yard, Westminster Abbey, London, S.W. (Anglican.)

The Alliance of Honour, 118 City Road, London, E.C. (Evangelical.)

The Social Purity Alliance, 19 Tothill Street, London, S.W. (Undenominational).

Women and girls may well be instructed through existing organizations, such as the Girls' Friendly Society, Young Women's Christian Association, Mothers' Meetings, &c. Exceedingly helpful pamphlets both for teachers, parents, and girls may be obtained from Mrs. Hill, Higher Crompton Vicarage, near Oldham.

Valuable publications are issued from many other sources. As worthy of special mention, attention should be directed to the Society of Sanitary and Moral Prophylaxis, of East 42nd Street, New York City.

In connexion with vigilance work and law enforcement, information and advice can always be obtained from the National Vigilance Association (Secretary: Mr. W. A. Coote), 2 Grosvenor Mansions, 76 Victoria Street, London, S.W. This body publish a valuable pamphlet, *Useful Legal Information for District Visitors*, &c. Price, 2d.

In any case involving girls under sixteen the Society for the Prevention of Cruelty to Children, 40 Leicester Square, W.C., should be consulted.

The Reformatory and Refuge Union, 117 Victoria Street, S.W., publishes a classified list of all institutions in London and the provinces for rescue and prevention. Price, 1s. 6d.

The Register and Digest of the Charity Organization Society also gives information about such homes. London: Longmans, Green & Co. 1904. 5s. net.

XIII

SENILE DERELICTS

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XIII

SENILE DERELICTS

As we approach this problem of old age, we realize the attraction of its study ; we recognize that we are face to face with the problem of life itself, and become the more conscious of our limitations and of our finiteness. Senility is interesting to the scientist and fascinating to the psychologist, but to the sociologist it presents one of the most perplexing problems of the day.

The senile derelicts of life are to be found in large numbers in our great workhouses and infirmaries : old men who have worked hard, and earned their repose ; men who have lived riotously, and won for themselves a premature decay ; and among them all are many wastrels and ruffians of a younger generation.

THE PHYSIOLOGY AND PSYCHOLOGY OF SENILITY

As we look closely at one of these old men, we notice his thin, dry, and shrunken skin. His scalp

is bald or sparsely covered with short, brittle hairs. His cheeks have fallen in, and his jaw is less prominent than of old. His teeth have gone, and his power of digestion is impaired. The heart is beating slowly, quietly, and feebly ; its muscle is thin and flabby, while the arteries have become rigid and pipe-like. The blood itself is poor in quality, and the number of its cells have definitely diminished. The chest wall is rigid, and the lungs are prone to disease. The muscles of the body are easily tired, and have no reserve force ; while the bones have atrophied and become brittle.

The mental changes of senility are more interesting, and more difficult to analyse. The grasp of the mind on things around has gradually become loosened. The acuity of the organs of special sense has slowly diminished. The sense of smell has almost gone, hearing is dulled, and the sight has grown dim ; the old man tends more and more to shrink into himself. The process of thought becomes gradually reduced, and he begins to feel strongly the *taedium vitae* ; a longing for rest and a great desire for sleep seize him. Energy and vitality are lacking from his brain and from his movements. Memory is elusive ; the span of life with its crowded days is bridged over, and his thoughts return to his childhood. Recollections of his early years come

back with startling clearness ; he ponders over them, enjoys them. His remembrance of recent events becomes dimmed by this strange rejuvenescence of earlier days. The ends of life tend to approximate ; there is a strong resemblance in many points.

In old age there is a lack of self-control ; garrulous tongues before held in check give rise to trouble ; crochets and fads of all kinds are indulged in, and must be humoured ; and self-will may be very evident. There is lack of judgement and responsibility ; an opinion which in mature years had been invaluable becomes fatuous. Men outlive their reputation, and oftentimes in their later years go far to mar their previous reputation.

Old people are easily amused. They are not critical, and greatly appreciate attention and kindness ; but their power of sustained attention is poor. Originality is entirely lost, and its twin-sister, imagination, shares a similar fate. No new idea is born of the senile brain ; rather it lives in the past, and reacts slowly and mechanically to the surroundings in which it finds itself. To account for these changes it has been found that the blood supply to the brain is poor, the great nerve-cells have lost their energy and vitalizing power, the nerve-currents are slower, and there is increased

resistance along the conducting fibres. This gradual process of decay is well described in the words of Clouston: 'When action ceases to give pleasure, when a gentle contentment takes the place of ambition, when courage lessens and a certain indefinite sadness comes on.'

THE PATHOLOGY OF OLD AGE

What is the nature of this strange process which slowly and insidiously creeps along, sapping the strength and virility of manhood, and leading eventually to that dissolution of which it is the logical forerunner? The search for the Elixir of Life has baffled the great men of all ages, and the solution is but little nearer or more tangible. The body is formed of an enormous number of units or cells. Each of these has an individuality of its own, and yet combines with its neighbour to bear its share in the life of the whole. Cells of similar structure and function combine together to form groups or tissues. The life of each of these cells is short, and limited to a few brief days or at most a few weeks. New units are constantly being formed by simple division of pre-existing cells, and serve to replace the dead ones which are carried away.

It is in childhood that the activity of cellular

reproduction is seen at its height, and it diminishes steadily throughout life, until in senility it is absent. There is then an entire failure of cell reproduction, and the vital activity is exhausted. The organism is unable to repair the tissues or to replace the cells broken down, and the channels leading from the organs and tissues are congested by disintegrating cells. Amid this scene of stagnation there are, however, some cells which display activity. They are the scavengers; large cells which wander about in small groups, pursuing an apparently aimless course, burrowing, destroying, eating up dying and dead tissue. Finally they, too, settle down to sleep, and become fossilized into fibrous tissue.

In this view senile death is a process which is gradually and surely oncoming throughout the years of life. There is a limitation to the power of cells to reproduce, and the possible number of cell generations is fixed, but differs in each individual. In a word, senile decay is cellular exhaustion. This view is held and supported by Weismann, and to a less extent by Minot, while Bütschli considers that the life of cells is maintained by a vital ferment which gradually weakens in the course of years. Metchnikoff, on the other hand, traces a relation between microbes and old age. He points out that animals that are habitually long lived have a

relatively small length of large bowel. A cow is short lived, and has a great length of bowel ; while the converse is true of a bird. It is a fact that the number of organisms in the intestinal tract is proportional to the development of the large bowel. Further, it is true that under conditions of stagnation the poisons absorbed have a damaging effect on the body. This theory is interesting and suggestive, but by no means conclusive.

THE TERMINATION OF OLD AGE

There is a close analogy between sleep, fatigue, and senile death. Sleep is believed to be due to auto-intoxication or poisoning by the products of organic activity, of which lactic acid is the most important. Under conditions of fatigue the muscles of an animal contain a dangerous substance allied to a bacterial toxin which induces poisoning when injected into other animals.

Natural death is sometimes preceded by an instinct for death as exists for sleep, and both sleep and death should be painless. This instinct is seen in animals as well as in man. An old bear will return home and lie down and quietly await the end ; a bird of prey will fly in the teeth of the wind until exhausted, when he drops to the ground dead.

This slow end is well depicted in the words of Démange : ' Arrived at old age, and still preserving the last flickers of an expiring intelligence, the old man feels weakness gaining on him day by day. His limbs refuse to obey his will ; the skin becomes insensitive, dry, and cold ; the extremities lose their warmth ; the face is thin, the eyes hollow, and the sight weak ; speech dies out on his lips, which remain open to the end ; life quits the old man from the circumference towards the centre ; breathing grows laboured, and at last the heart stops beating. The old man passes away quietly, seeming to fall asleep for the last time.'

THE PROPHYLAXIS OF SENILITY

Some are born fortunate in the possession of a strong constitution, while others are handicapped from the commencement. Yet it is often true that the weak outlives the strong, like the fable of the hare and the tortoise. Unfavourable hereditary tendencies must be combated, the golden rules of health studied ; and consistent attention to these details will go far toward the preservation of the faculties.

Much can be done to postpone the oncoming of senility. Exercise daily and in all weathers is

essential. One long walk a week facilitates an increased removal of waste products, raises the resisting power, and strengthens the heart. A walking tour or climb should be taken once a year. The value of exercise has long been recognized, and there is an Arab saying, 'The days spent on the chase are not counted in life's course.'

Diet is a matter of importance, and strict moderation in food should be practised. It is unfortunately true that most people eat too much. Especially is this true in reference to meat foods in adults and old people. It has been said by a distinguished physician, 'Men dig their graves with their teeth.' Children while growing require proportionately more food ; young adults engaged in heavy mental and physical work require a fair quantity of meat ; but as age advances the quality and quantity of food should be progressively lessened until old age has been reached. The old man should leave this world on the same diet he received on entering it—milk. Salt should be taken sparingly, and little water drunk at meals. On the other hand, a glass of hot or cold water early in the morning and late at night is often of real value.

Sleep is essential, but must not be abused. Retire early and regularly and rise betimes is a good working principle. It has often been said that too much

sleep is worse than too little ; it exhausts the energy and gives rise to a general sluggishness.

Great attention must be given to avoid constipation, for in this condition poisons are continuously absorbed from the bowel, and stagnation takes place.

Breathing exercises should be regularly practised in front of an open window, for such promote health and give an invigorating sense of wellbeing to the body.

The mental influence of the mind over the body is considerable. How often poor weak souls are to be seen whose body, with its many ailments, has become the pivot and centre of their life ! The mind should always be dominant, and its influence exerted in guiding and controlling the organism as a whole, and maintaining each of the several parts in its proper place.

The number of a man's days is limited, and cannot be appreciably lengthened by any known means. But a carefully regulated life, free from fads and introspection, leads to a healthy and active old age, a decline with almost the full preservation of the faculties to the end, and a life which to its close is a pleasure to those around. This is a result worthy of achievement.

SOCIAL MACHINERY FOR THE CARE AND CONTROL
OF SENILE DERELICTS

Up to recently aged old men and women were supported in the following manner: (*a*) In Poor Law institutions (general mixed workhouses or Poor Law infirmaries); (*b*) almshouses; (*c*) asylums; (*d*) prisons; (*e*) supported privately by relatives or charitable people.

Under the Old Age Pensions Acts, 1908 and 1911, a new era of legislation was introduced to this country. The system is a non-contributory one, and every person reaching the required age and who conforms to certain qualifications becomes entitled to the State allowance. The State recognizes that the healthy and active are responsible for the maintenance of their old people, and that the aged look, as by right, for the support of the nation instead of becoming dependent on precarious charity or seeking the indignity of parish relief. The qualifications are not exacting: attainment of the requisite age; a twenty-years' residence in the United Kingdom; a life which has not seen the inside of a prison or received parish relief; and, finally, the absence of means. Considerable controversy arose around the point of non-contribution. It was urged that all workmen should have a small

weekly amount deducted from their wages as a contribution towards their pension. Non-contribution, it was held by some, must be considered a direct discouragement to thrift, for men who throughout their life have set aside a small amount per week towards their old age are placed on equal terms with those who have not ; and finally a gratuitous present at the expense of the taxpayer was made to those who, by their own improvidence, least deserved it.

On the other hand, a large number of the aged poor have never been regular wage-earners ; many have been the mothers of families, and thus have fulfilled their duty to the State ; and, finally, the wages of casual and unskilled labourers are so small as to represent the minimum of a living wage, and afford no room for the provision for old age.

It seems, on the whole, desirable that a small amount should be deducted per week throughout the wage-earning life, and the remainder be found by the State. The amount of weekly deductions from the wages would necessarily vary ; but the poorest wage-earner would scarcely feel the loss of one penny per week, and the morals of thrift would be greatly encouraged thereby.

The number of pensioners in the United Kingdom

on March 31, 1913, was 363,811 males and 604,110 females, a total of 967,921.

The removal of the pauper disqualification on January 1, 1911, relieved the Poor Law authorities of England and Wales of the charge of 122,415 (5,097 indoor and 117,338 outdoor) paupers. The number of persons over seventy years of age who were in receipt of parish relief fell from 195,924 on January 1, 1910, to 57,770 on January 4, 1913.

Previous to the introduction of old age pensions the method of dealing with the aged poor was distinctly primitive and inadequate. A few among the more respectable gained admission to almshouses, but chiefly by influence and importunity; many were supported by private charity; and large numbers were in receipt of parish relief.

There are still two kinds of parish relief. Necessitous poor who apply to the relieving-officer of their parish can receive an allowance of a few shillings a week (generally from one shilling to half a crown). The object of this outdoor relief is to enable the poor person to eke out his slender earnings, or to assist his relatives to support him. On the contrary, indoor relief provides for the complete maintenance of the person, and no monetary payment is made. In both cases the onus of financial responsibility is thrown on the local authority.

CONTINENTAL METHODS OF CARING FOR THE
AGED

It is necessary to look briefly at the conditions on the Continent, and to consider the various suggestions which have been made for the alleviation of the conditions of old age.

In Germany the machinery for dealing with this problem is, in some respects, more advanced than in any other country, and the State has long realized its responsibility in dealing with the aged. In 1889 the first law for State insurance of old age and sickness was passed; this was amended in 1899. All wage-earners, independent of the amount of their wages, were covered. The insurance was contributory, and the employers and employees, who shared equally, paid two-thirds of the whole, while the State contributed the remaining third. In the year 1908 sixteen millions took part in this system.

In France and the other Latin countries legislation of this nature is somewhat behindhand. The system of outdoor relief and the relegation of the care of the old and infirm to private charity was universally in vogue up till quite recent years. In 1910 a Bill was introduced and passed into law for the provision of State insurance. This is also

contributory, and affects all wage-earners up to £120 per annum.

There has, therefore, been considerable attention directed to these matters during recent years. In this country Poor Law medical officers are agreed that indoor treatment is preferable for old people. Practical experience teaches that small doles given as outdoor relief are entirely inadequate to support the aged without other means of sustenance. Poor relatives and friends do not know how to look after and care for them, and their lives are thereby rendered burdensome and miserable. Old people need tact, constant supervision, much patience, and often continuous skilful nursing. They require to be understood, their frailties to be borne with, and their bad habits to be gently and firmly corrected.

The majority of the more able-bodied are maintained in the workhouses. There they are separated from the remainder of the inmates, and receive special diet and attention, while a few of the more deserving couples are given separate rooms. The condition of these people in the better-managed institutions is very satisfactory, and many are devotedly attached to these houses which befriend them. When sick or bedridden, these old people are transferred to the infirmary, where they are

looked after and nursed. Here, again, the conditions differ widely in different institutions; but in the majority they receive the medical attention and nursing which their requirements demand, and which charity would desire for them.

There is a strong trend of opinion to-day towards centralization of control. The object of this movement is to relieve the local authority of the care of their old people, and to place the responsibility for their maintenance on a central authority, in the hope of securing better conditions and greater uniformity of treatment. It is evident that delegation of the care of the aged poor to local authorities has many disadvantages. The number of people to be supported by the rates in different localities varies as largely as the standard of relief given, and in large towns the accommodation is usually much better than in the country.

It is still uncertain how far the provision of old age pensions will relieve the Poor Law Authorities. There has been a general tendency in the provision of pensions to concentrate attention on the question of age, and throw into the background the question of senility and impotence. It is certain that the weekly allowance proves of the greatest benefit to large numbers of the more respectable poor, especially to those who have friends or relatives

willing to help them, but too poor to maintain them without assistance. The money is not sufficient in itself for their sole support. On the other hand, this provision will have little influence on the large number of bedridden cases which require active nursing, and the question of the provision of suitable institutions for these people is a matter of urgent consideration.

In conclusion, the time has now arrived when the question of the adequate support of the aged poor of the nation has to be faced—seriously, reasonably, and without undue sentiment, extravagance, or parsimony. There must be greater uniformity of method, improved conditions in execution; and then only shall we see this blot on our social organization removed from our midst.

REFERENCES

FOR information regarding statistical and economical aspects of senile dependants, see *Report of the Royal Commission on Poor Laws*, particularly the *Minority Report*, 1909. Consult also Registrar-General's Returns for 1909.

The following works dealing with old age will be found of service for reference :

ALLBUTT : *System of Medicine*—Article on 'Old Age.'
London : Macmillan, &c. 1911. 25s. net.

- BOOTH, C.: *Pauperism and Endowment of Old Age*. London: Macmillan. 6d.
- CARRINGTON, H., and MEADER, J. R.: *Death: Its Causes and Phenomena*. London: William Rider & Son, Ltd. 1911. 8s. 6d. net.
- CHARCOT, J. M.: *Clinical Lectures on the Diseases of Old Age*. London: Sampson Low. 1882.
- CLOUSTON: *Mental Disease*—Section on 'Senile Decay and Insanity.' Sixth edition. London. 1904. 14s.
- DÉMANGE: *Étude sur la Vieillesse*. Paris.
- HUMPHREY, G. M.: *Old Age and the Changes Incidental to it*. Cambridge. 1889. 4s. 6d.
- LORAND: *Old Age: Its Causes and Treatment*. Leipzig. 1909.
- METCHNIKOFF: *The Prolongation of Life*. London: H. K. Lewis. 1907. 12s. 6d. net.
- ROESER: *Vieillesse et Longévité*. Paris. 1910.
- ROY: *Les Centenaires*. Thèse de Paris. 1910.
- SALIMBENI and GERY: *Contribution to the Pathologico-Anatomical Study of Old Age*. Ann. de L'Institute Pasteur. August, 1912.
- SAUNDBY: *Old Age: Its Care and Treatment*. London. 1913. 7s. 6d. net.
- SAVILL: *Senile Decay: Its Pathology and Treatment*. London: Trans. Med. Soc., Vol. XX.
- WEBER: *On the Means of Prolongation of Life*. New edition. London: John Bale, Sons & Danielsson. 1914.

XIV

THE DERELICT DEAF

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XIV

THE DERELICT DEAF

As given in the title to this chapter, the word 'deaf' is employed in its generic sense. It is not to be understood to mean the ordinary 'hard-of-hearing' adult, but those bearing upon them such definite forms of deafness as to render them burdens on the State or upon the charitable public.

DEFINITION OF TERMS

Strictly classified for the purpose of study, with a view to prophylaxis, or, failing that, measures of amelioration, the very considerable section of the community covered by the general and loose term 'deaf' will fall under three main headings. These would be : (1) Deaf-mutism, (2) Deaf-dumbness, and (3) Deafness proper. In relation to the subjects here treated, the terms used bear distinct importance. Each of the three classes presents

problems widely different from those associated with the other two ; the statistics applying to one class will not apply to the others ; and in each, again, the means of prevention and the methods of amelioration differ entirely.

Following the classification just outlined, we should recognize in the deaf-mute a person born under the taint of deaf-mutism, the test of this condition being the possession of *deaf-mute* relatives by a congenitally deaf child. Such relatives are to be found in the direct line, or in collateral branches of the deaf-mute's family. The condition is a markedly degenerate one, and practically a certain sign that the family in which it appears is on the downgrade toward decay. In the family of the deaf-mute we frequently find insanity, idiocy, epilepsy, cancer, scrofula, and the like. Wherever careful inquiry is made, it will be found—as Sir Thomas Clouston asserted in his Morison Lectures many years ago—that deaf-mutism is one of the hereditary neuroses.

In the deaf and dumb, on the other hand, we have those who either are congenitally deaf or who became deaf before the speech habit had been developed, but whose family histories offer no evidence of deaf-mutism. It should be noted here that the terms 'hereditary' and 'congenital' are

not to be taken as synonymatic; most certainly not in regard to deafness. Apart from the lack of hearing, and consequently the failure to acquire the speech habit naturally, the victim to deaf-dumbness may be very well born.

By 'the deaf' we should understand those who acquired a definite deafness after the speech or oral habit had been developed. In point of fact, the bulk of those who correctly come under this term are men and women who have lost their hearing in adult life. Their habit is the oral habit, as opposed to the habit of deaf-dumbness; and, apart from the special psychological characteristics which may arise from severe deafness in the adult, their intellectual habit is that of the non-deaf, as opposed to the special psychology which appears in the deaf-mute and in the deaf and dumb.

DEAF-MUTISM

Of deaf-mutism we are obliged to say that it is a finished condition; in other words, it is one beyond remedy by medicine or surgery. At best, we can only study it as Toynbee¹ and Mygind² have done, from the standpoint of morbid anatomy;

¹ Toynbee, Joseph : *Diseases of the Ear*, 1860.

² Mygind, Holger : *Deaf-mutism*, 1894.

or, as Scott,¹ Hartmann,² Kerr Love,³ Addison, and many others have done, from the standpoints of prophylaxis and that of amelioration by means of suitable special education. In the earlier part of the nineteenth century the clinical study of deaf-mutism was barely removed from sheer quackery. Wonderful so-called 'cures' were common; and in the literature passed down to us from those days we have record of all kinds of queer experiments being tried on the unfortunate inmates of asylums and institutions for the deaf and dumb. But, as Kramer⁴ wrote bluntly, in 1836, 'No single deaf-mute has been cured—that is to say, has been rendered capable of communicating, like a person who hears well, with his fellow men in an unrestrained manner, by means of hearing under all circumstances.' This assertion will hold good to-day; and of deaf-mutism we are obliged to say that it is a condition never curable.

Statistics relating to deaf-mutism need to be examined and accepted only with caution; for many writers lump together deaf-mutism and deaf-dumbness, while others may include cases not coming under either heading. In the Irish

¹ Scott, W. R. : *The Deaf and Dumb*, 1870.

² Hartmann, Arthur : *Deaf-mutism*, 1880.

³ Love, J. Kerr, and Addison, W. H. : *Deaf-mutism*, 1896.

⁴ Kramer, William : *Diseases of the Ear*, 1836.

Census for 1871, 3,297 persons were returned as deaf-mutes, and in 393 cases the taint had appeared in previous or collateral branches of the family. In 211 of these cases the condition was transmitted through the father; in 182 cases through the mother. In 379 instances there were 2 deaf-mutes in the family; in 191 families, 3 deaf-mutes; in 53 families, 4; in 21 families, 5; in 5 families, 6 deaf-mutes; while 2 families gave 7 deaf-mutes each. Of 100 cases investigated by Kerr Love¹ at the Glasgow institution for the deaf and dumb, 62 of the children were born deaf, and these 62 children had 68 deaf-mute relatives, 'almost all in the closest relationship with them—father or mother, brother or sister.' Macleod Yearsley² examined the family histories of 145 deaf-born cases, and of these 31.7 per cent. showed the presence of heredity in either the direct line or in collateral branches of the pedigrees. In one family a man who had a deaf-mute sister was the father of 12 children, of whom 6 were born deaf-mutes; while of the other 6, 3 developed incurable disease of the eye. In what is known as 'the Ayrshire family' 5 generations produced 41 deaf-mutes.

¹ Love, J. Kerr : *Carnegie Trust Research*, 1907.

² Yearsley, Macleod : *The Prevention of Deaf-mutism*. Ninth International Otological Congress, Boston, 1912.

That deaf-mutism is a degenerate condition there can be no manner of doubt. Sometimes the history obtainable is ghastly in the extreme, and marks the lowest and last stage of human degeneracy. Dahl gives an instance in which insanity, idiocy, epilepsy, and deaf-mutism existed together in one family; among 34 individuals there were 4 insane, 5 idiots, 1 epileptic, and 4 deaf-mutes. In a case quoted by Mygind 3 generations produced 5 albinos, 2 idiots, and 1 deaf-mute. In the family of a well-known missionary to the deaf and dumb, deaf-mutism exists side by side with cancer. In dealing with non-deaf-mute members of a deaf-mute family, it does not suffice to say that this or that member does not bear the family taint. We must go farther, for when we are dealing with degenerate stock we are apt to find that the degeneracy, appearing as deaf-mutism in some members, appears otherwise in other members. We have also to bear in mind that deaf-mutism may be transmitted potentially through two generations, to become actual in the third.

If we are to prevent deaf-mutism, we must cast aside mawkish sentiment and spurious morality, and face frankly and fearlessly the one certain measure of prevention—sterilization. The difficulty in regard to sterilization is, that to render

it truly effective, the whole of a tainted family would have to come under the operation of the measure. Included in the number there would perforce be many not bearing actual deaf-mutism, but still possessing the power to transmit the family heritage. Herein would lie the seeming hardship of the measure. But when we consider that each deaf-mute brought into existence is to cost the community £400 for education alone, and that the charitable public is annually called upon to find some £30,000 for the upkeep of special adult missions to the deaf and dumb, we have to ask seriously if an element of hardship in the method of prevention should deter us from adopting that method. Of the deaf-mute, it may truly be said, though not unkindly, that he is seldom worth the large sum of money and the great amount of time devoted to the work of his salvage, if *value to the community* is to be the standard of judgement.

DEAF-DUMBNESS

Deaf-dumbness may result from congenital deafness, or it may follow from deep or total deafness falling very early in life, before the speech habit has been developed ; or, yet again, it may be the outcome of ignorant neglect of a partial deafness

in a very young child. In any event, it is a condition that should be classified and studied apart from deaf-mutism, whenever that is possible. Strictly speaking, no one is *literally* dumb; but *practically* we have at least 20,000 people in these islands who come under the term 'deaf and dumb.' When deafness occurs in a young child, even though the speech habit has commenced, dumbness will follow unless every possible measure be adopted to prevent it. And when a partial deafness happens in a young child, it may deepen into what seems to be total deafness from sheer disuse of what hearing is really possessed. Here, again, dumbness will be the second outcome. Children have been sent to special schools for the deaf and dumb, and upon examination it has turned out that, passing as deaf and dumb, they yet had sufficient hearing for speech purposes, and which hearing could be developed by acoustic exercise. No doubt in earlier days, perhaps even in our own more enlightened day, these cases would produce the so-called 'cures' of deaf-mutism!

Whether or not a child shall be doomed to pass through life handicapped by deafness depends in some degree on early and efficient medical treatment; while if or not an incurably deaf child shall be fated to carry the added handicap of

dumbness depends solely on the parents in the great majority of cases. There is no reason why an incurably deaf child should be dumb also ; but it is the fact that, despite very costly education—each deaf child costs about £400 to educate, as compared with £40 in the case of the normal child—very few deaf children become men and women able to use speech freely, surely, and as natural habit. The habit of most remains the habit of the deaf and dumb ; and the psychology is that of deaf-dumbness. They do not mix with the non-deaf on terms of full fellowship, but rather prefer to associate together, a class apart ; and they invariably intermarry.

We are leaving behind us to-day the *laissez-faire* style of procedure with regard to deafness in children ; therefore we may hope in the future for a lessening of the burden imposed on the community by a heavy ratio of deaf-dumb in the population. A generation or two back parents would be assured that a child would ‘grow out’ of a deafness ; or, in the case of girls, that the deafness would disappear on the advent of the catamenia ; whereas, to quote Cassells,¹ ‘Ear diseases do not of themselves tend towards natural cure, but to become progressively worse, and more serious

¹ Cassells : *On Conservative Aural Surgery*.

in their consequences.' That is a dictum as true to-day as when it was written, forty years ago.

The most prolific causes of deaf-dumbness are scarlet-fever, measles, mumps, convulsions, and syphilis. Dalby,¹ who devoted considerable attention to deaf-dumbness, has left it on record that 'next to scarlet-fever, inherited specific disease may be reckoned as the most fruitful cause of deaf-dumbness, as it occurs in children who are born with good hearing power.' More recent investigation has proved this to be true. Llewelyn Thomas² also has left us sound dicta regarding deafness in children. He pointed out that 'in children even more than in adults the key to the treatment of most aural diseases is the condition of the Eustachian tubes. Partial closure of the tubes occurs in most ordinary catarrhs, either with or without enlargement of the tonsils; and it is most common for children, especially if in a weak or scrofulous state, to become repeatedly deaf at each fresh cold, the mother thinking little of it, the hearing fluctuating so frequently, till at last the deafness becomes persistent.' In the majority of cases of deafness in children we find a condition depending on disease of the throat or nose, or

¹ Dalby, W. B. : *Contributions to Aural Surgery*, 1877.

² Thomas, Llewelyn : *Essays on Ear and Throat Diseases*, 1878.

diseases producing symptoms in the nose or throat ; and of these the most common predisposing causes are adenoids, growths at the back of the nose, and the infectious fevers. In the present writer's opinion, adenoids, and the improper removal of adenoids, cause a greater amount of catarrhal deafness than the infectious fevers, as the latter are more acute in onset and course, and usually lead to running ears. Nerve deafness, or internal ear disease, is most commonly due to syphilis ; but may also occur after meningitis, especially the epidemic form known as ' spotted fever.'

PREVENTIVE MEASURES

All preventive measures to be rational must be directed to the root causes of diseases which we know produce deafness in children. All school-children should be regularly examined by an aural specialist for the presence of adenoids, and, where these are found, they should be removed—also by an aural surgeon. Their improper removal (the slap-dash in the dark method cannot be termed surgical) leads up to many cases of intractable deafness in later life, for the throat end of the Eustachian tube is often horribly mutilated. Next, there must be better examination of the ears of all sufferers from measles and scarlet-fever. Ear

disease, coming as the sequel to infectious disorders, is too often neglected in our fever hospitals, and frequently is not noticed at all until either an acute mastoiditis, suppuration and disease of the bone behind the ear, or else brain abscess, develop. An old, though still reliable, test for a running ear is to drop hydrogen peroxide into the ear. If it bubbles, suppuration is present ; if no suppuration is present, there is no reaction. This test is very simple, and could easily be carried out by the nurse each morning and evening when taking temperature and pulse. A running ear would then be discovered at its onset, and treatment might be commenced at once. An aural specialist should be attached to every fever hospital, if we are to cope with deafness arising from the infectious disorders of childhood.

As 'running ears' represent a stage in almost all deafness arising in childhood, a word should be said regarding the treatment of this condition, since without satisfactory treatment it is not much use diagnosing the disease. If recognized at once, the best treatment is by means of dry-cleaning the ear with cotton-wool mops, forcing the patient to lie on the affected side, thus giving the ear a chance to drain outward, and instilling drops of absolute alcohol night and morning. This will be sufficient

in the majority of instances, *if the case is seen early enough*; but—a big and often tragic ‘but’—‘running ears’ are rarely seen by the specialist until too late for this simple treatment. Parents as yet do not realize that in ‘running ears’ we have a disease to contend with that is as immediate in its demand for treatment as, say, appendicitis; a disease leading to many deaths from intracranial complications, and to hundreds of derelict deaf adults or deaf and dumb. To the aural surgeon, these ‘running ear’ cases, coming to him late in the day, are an awful problem, for he is placed between two fires in regard to them. If he sticks to the old and useless treatment by means of drops, syringing, &c., he permits the patient to run all the risks of brain abscess and meningitis, which, once they set in, soon decide matters and bring the scene to a close. On the other hand, knowing that in every case of discharging ears which has lasted more than three months there is diseased bone, if he advocates operation, until recently he could only do so knowing that, while he removed by operation the risk of brain complications, he also took from the patient all chance of perfect hearing. Aural surgeons in the past—and some still in the present—have taken the loss of hearing as a matter of course in operative treatment for ‘running

ears,' notwithstanding that deafness is a millstone round the neck of a poor person, and a lifelong grief to the wealthy person. It is only within the last year or two that aural surgeons have refused to permit this state of matters to exist any longer, realizing that deafness is too awful a thing to cause surgically, without a trial of newer methods. Though the speciality is by no means unanimous on the matter, my own results with the operations devised by Heath and Bondy are so good that each time I perform one of the old operations I wonder if I have been justified in taking away a child's hearing. The Heath and Bondy operations not only remove the risk of brain trouble following on a 'running ear,' but also restore the hearing, as opposed to the old radical operation which destroyed hearing. Yankauer, of New York, likewise has brought out a method with the same purpose in view—removal of life risk and restoration of hearing—but I have not yet sufficient experience of it to be able to speak with authority regarding its merits.

To sum up, if we are to lessen deaf-dumbness we must have :

(a) Inspection of all school-children by an aural surgeon, and the establishment of regular school clinics in which minor ear ailments may be properly treated at skilled hands.

(b) Operation for adenoids, if necessary, and always by the aural surgeon.

(c) Earlier diagnosis and notification of 'running ears,' with earlier operation by the newer methods in those cases which have been permitted to go too far.

(d) The issue to parents of plain advice regarding the danger of neglect in all cases of seemingly minor ear troubles in very young children; the true significance of 'earache' and 'running ears,' and the folly of delay in taking proper advice.

The last-mentioned is already being carried out by the British and Foreign Deaf Association, which issues gratis reliable information regarding the ear and hearing. But the co-operation of county councils and other public bodies is requisite in this work of educating public opinion.

EDUCATION OF THE DEAF CHILD

Although a child, unhappily, may be doomed to face and go through its lifetime deaf, there is no valid reason why it should go dumb also. That there are so many thousands of deaf and dumb among us to-day is tribute to the ignorance and apathy of parents. A deaf child should be brought fully into the family circle, should be spoken to,

and encouraged to speak. It may be totally deaf, or deaf beyond speech-hearing ; but it has the organs of speech unimpaired in the great majority of cases, and with a little painstaking care on the parents' part the first rudiments of oral speech may be developed. The child need not, and should not, enter a special school with the habit of deaf-dumbness firmly acquired. Very young deaf children are often amazingly bright ; and even though they cannot read or write a word of English, they will often speech-read a mother or a father who habitually speaks to them by word of mouth. To devise and use a code of deaf-and-dumb signs with a deaf child is to place upon that child burden added to burden. When deafness is only partial, the hearing power should be exercised for all it is worth ; maybe it will develop to some extent. On the other hand, if the child is shut out from the family circle and left to itself, it will fall into a state of deaf-dumbness, and will not trouble to employ what hearing it really does possess. Education of deaf children should always be conducted on oral lines, the aim being to restore the child to society as much as possible. Only when oral methods prove to be useless in the given case should silent methods be followed. All but a very small proportion of cases will yield good results on the oral method, when it is properly

applied, reinforced by the parents' co-operation, and not crossed by deaf-and-dumb elements.

As I have already remarked, the education of each deaf or deaf-and-dumb child costs the community a round sum of £400 ; to this may be added the fact that for the last year of which returns are available £102,969 was collected from public and private sources for institutions, homes, and asylums, which are dealing with some 2,822 deaf-and-dumb inmates ; while a sum of about £30,000 per annum is collected from the charitable public on behalf of deaf-and-dumb missions, of which there are 68 in the United Kingdom. This represents the burden imposed by deaf-dumbness, part of which could be avoided were proper means and measures of prevention adopted at the right end of the line. Were it not for considerations of space, it would be possible to show here that the public does not get good value for a total sum of about £200,000 which it spends annually on behalf of the deaf and dumb. It will suffice to say here that what is done at great cost in the schools is more often than not undone in the deaf-and-dumb missions, for each such mission is conducted on absolute deaf-and-dumb lines, and those attending the missions follow always the habit of deaf-dumbness. They regard themselves as a class apart, notwithstanding the costly

education given them with a view to their restoration to society ; and they invariably intermarry with each other. Thus we maintain among us a section of the community to which the term ' deaf and dumb ' is the only correct term to be applied.

DEAFNESS AND THE DEAF

I have already laid it down that in the use of the term ' deaf ' we rule out the merely ' hard-of-hearing ' person. If we include the hard-of-hearing in the category, then we get an enormous deaf section of the public. V. Troltsch many years ago estimated that the proportion of all deafness was, roughly, as 1 in 3 of the population ; this estimate has never been contradicted, but it has been quoted many times since. But if we take definite and handicapping deafness, shutting out hardness of hearing, the figures for the United Kingdom will in all probability work out at about 4 per cent. of our population to-day. This gives a terribly large number of handicapped men and women in all walks of life and of all conditions, from the abjectly poor right up to the crowned head. In this city from whence I write (Liverpool) deaf men are to be found in great shipping offices, in the big assurance offices, in some of the best known law offices, as well as among the poor and in the working classes.

The tragic element in this great mass of deafness is that of the total, probably not less than one-half might have been prevented had it received attention in time. It is safe to say that nine cases out of ten did not reach the specialists' consulting-room or hospital clinic until too late in the day ; and not until several advertising deafness quacks had had the run of the case, greatly to its detriment. It is amazing, and not a little saddening, to realize how much hearing an adult will allow to vanish before taking advice and treatment. As a rule, it is not until the deafness has become a positive hindrance to work or enjoyment that advice is sought. By this time the damage wrought in the hearing apparatus is such that the specialist may well feel his heart sink as he faces the case.

Much written in the previous section regarding causes and prevention will apply in this section also ; for in hundreds of cases of deafness in the adult we have to go back to childhood when we seek root causes. We frequently find a history of adenoids neglected, or ' running ears ' permitted to run, or of cold following cold until chronic catarrh has got firm grip of its victim. Syphilis, too, plays its part in adult deafness ; and heredity also comes into play, for there is a variety of deafness which comes on in adult life, and seems to run through

families as a family failing. But finding several members of a family afflicted with deafness does not always warrant the label *hereditary*.

Preventive measures here would consist in the wide publication of sound, but popularly written, information regarding the ear, with the view to getting all cases of ear trouble under treatment sufficiently early in the day ; together with warning regarding the dangers of quackery in regard to the ear. Amelioration in cases of incurable deafness in the adult would consist in reliable advice regarding those artificial aids which often do so much to lighten the weight of incurable deafness, or of speech-reading (the art of reading speech from the organic speech movements visible to the trained eye of the reader) for those cases too far gone in deafness to benefit by aids. And in many cases advice and assistance regarding change of employment, rendered necessary by deafness, if given in time, will spare a deaf man or woman months of misery. All these lines of work are now being carried out by the British and Foreign Deaf Association, which is the only organization at present working on behalf of the deaf proper. It seems a strange thing, but nevertheless a true one, that in all the effort poured out for social wellbeing in this country, until quite recently the deaf had no place.

From the foregoing pages it will be seen that the problem of the deaf derelict is a many-sided one, while the growth in numbers of these dependants constitutes a serious menace to the wellbeing of the community. In this chapter I have had to deal briefly with the subject; but I trust that I have offered facts, figures, and suggestions sufficient to lead others to investigate, and thereafter to engage in practical work for the betterment of this most necessitous class.

REFERENCES

ALL workers among the deaf will do well to avail themselves of the recently established British and Foreign Deaf Association, 31 John Street, Bedford Row, London, W.C. This Society is the only one in the United Kingdom for the aid of the deaf—as distinct from the deaf and dumb—and was started with the idea of being a real help to the deaf by distributing literature written by specialists in a popular way for the education of the public, by supplying aids to those who were debarred from their use owing to poverty, by finding work for the unemployed deaf, by issuing lists of ‘quacks,’ and so preventing patients falling into their hands, and by at all times giving gratuitous advice to all in need of it.

The following books will be of service for reference :

- DIGHTON, ADAIR: *Diseases of the Naso-Pharynx*.
London: Baillière, Tindall & Cox. 1912. 10s. 6d.
net.
- DIGHTON, ADAIR: *On the Prevention of Deafness*. Issued
by the British and Foreign Deaf Association. 1913.
- DIGHTON, ADAIR: Reprints of articles which have
appeared in medical journals on 'Diseases of the
Ear,' obtainable from British and Foreign Deaf
Association.
- LOVE, J. K.: *The Deaf Child*. Bristol: John Wright &
Sons, Ltd. 1911. 4s. 6d.
- MYGIND, H.: *Deaf-mutism*. London. 1894. 6s.
- PORTER, W. G.: *Diseases of the Nose, Throat, and Ear*.
Bristol: John Wright & Sons, Ltd. 1912. 7s. 6d.
net.
- YELLON, EVAN: *Surdus in Search of His Hearing*.
London.

THE DERELICT BLIND

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XV

THE DERELICT BLIND

THE designation 'derelict' in its interpretation of something 'voluntarily abandoned and left' happily applies to a comparatively small section of our blind community. The reason many appear to come into this category is because suitable provision has never been made for them. These are rather to be looked upon as vessels having drifted out of their track and become stranded, waiting for the help which will put them on their right course.

LEGISLATIVE POWERS

Blind children are well provided for by the Elementary Education (Blind and Deaf Children's)

¹ I desire to acknowledge with many thanks the courteous assistance received from the following gentlemen who have provided me with many facts and figures contained in this chapter: Messrs. F. G. D'Aeth, M.A., C. Hartley, Miles Priestley, Rev. J. Pullett-Thompson, and Henry J. Wilson.

Act of 1893 ; and though here and there isolated cases may be overlooked, the majority are sent to school and well cared for. This applies to all between the ages of five and sixteen. There is also good provision for those who require 'technical instruction' after school age—say, from sixteen to twenty-one. The Education Act, 1902 (Higher Education Section), gives permission for further training of this kind, and as a rule local authorities are very generous in this direction, though any assistance from this source is 'permissive' and not 'compulsory.'¹

PROVISION FOR THE BLIND

The affliction of blindness constitutes an eloquent appeal to the sympathy of charitable and philanthropic individuals, and the voluntary subscrip-

¹ There are six sources from which the school fees for pupils on attaining the age of sixteen years may be met, viz. (1) Local authorities, who for this purpose are County Councils and County Borough Councils only, under the Education Act (1902), Part 2 ; (2) Boards of Guardians ; (3) private payments, i.e. by the parents or the guardians of the pupils ; (4) Gardner's Trust ; (5) private charity ; and (6) grants from the Board of Education. Under the technical regulations the Board of Education make capitation grants for children over sixteen years of age. Consult *Information with Regard to Institutions, Societies, and Classes for the Blind in the United Kingdom*, by Henry J. Wilson. See also special chapter in Sir George Newman's *Annual Report of the Chief Medical Officer to the Board of Education* (1912).

tions and bequests of such have done much to alleviate the condition of the blind. Magnificent help has been thus voluntarily rendered, and for individuals, say, over fifty-five years of age the provision in the way of homes, institutions, and pensions is good, though at the present time insufficient. The progress made in this direction has created new demands, and without doubt it is now the duty of the State to assist the existing institutions and to erect others where necessary, so that proper provision will be made. Even in dealing with the derelict blind—and that there are such is not questioned—it would be much better to assist voluntary enterprise than to provide institutions entirely controlled by the State. For the absolutely incapable, unemployable blind adult individual the State provides—the workhouse, of all places the most unsuitable.

But the real problem is to make adequate provision for blind persons between the ages of twenty-one and fifty-five—from the termination of school-life to the age at which pensions are usually available. It is from this class that the 'stranded' or 'derelict' are mainly drawn. For those of insufficient capacity relief should be given to enable them to reside with their friends, provided the homes are suitable. The Bradford Board of Guardians have

made a practical and practicable attempt to solve this problem.¹

The establishment of a colony for the blind has been suggested, but for many reasons such a scheme is undesirable. The blind in any city are very similar to other citizens, save the loss of sight ; and simply because they suffer that affliction, it is not advisable to herd them together in one place without giving due consideration to their hopes and desires. When food, clothing, and shelter have been provided, they still stand in great need of a friend. Sympathy, encouragement, guidance, and friendly advice in many cases count for more than bread and butter ; and this is even truer in the case of the blind than with average-sighted people.

At the present time there are in England and Wales 2,300 or 2,400 pupils in schools for the blind

¹ The problem of dealing with the blind who lose their sight in adult life is a very difficult one. The Bradford Board of Guardians have very generously assisted the Committee of the Bradford Institution in trying to find a satisfactory solution. Two residential homes have been established. In the one for men there are sixteen inmates. In the women's home there are nine inmates. This provision has been made for the maintenance and employment of blind persons who are unable to earn sufficient for their own support. The work carried on is, as far as possible, similar to that in the main institution, and the workers have every facility in the way of training and oversight that will make them able to use, in the best possible way, such ability as they might possess. The management and administration is entirely under the control of the Committee of the main institution. (See Report of the Jubilee Celebration of the Royal Institution for the Blind, Bradford, 1861-1911.)

under sixteen years of age. These are regularly leaving the schools at the rate of about 200 each year. In the 53 institutions for the employment of the blind there are only 1,700 employed altogether; and it is apparent that many of those leaving school after training, and also those who lose their sight in adult life, are unable to obtain admission to any institution where they can be suitably employed.¹ The pupils, who are educated and competent to do excellent work, are compelled to live in enforced idleness, and have no chance whatever of testing their abilities.

With the object of helping in this matter, a Bill has recently been introduced to Parliament, and it is hoped that the Government will accept it as a non-contentious measure, and that State aid, in the shape of additional workshops, as well as in other directions, will shortly be available.

It is difficult to make the general public realize the capacity of the blind for work. The cruelty of adding the burden of unemployment to the existing heavy one of blindness is understood only by the few. Taught how to earn their living; given the hope—which in the case of the intelligent blind is greater than in any sighted person—of employment;

¹ See Sir George Newman's last *Annual Report of the Chief Medical Officer to the Board of Education*. London: Wyman & Sons. 1913.

fitted to take their share of, and place in, the work of the world—they find themselves thrown either upon public charity or casual employment of the most meagre kind.

It is apparent that while good provision has been made by the State for educating and training the blind, the establishment of sufficient workshops in the country for their after employment is the most crying need to-day. Private philanthropy cannot be expected to supply all the money that will be required for the erection of these workshops and for supplementing wages; but there is reason to believe that the Government is anxious to improve the condition of the blind worker. As a result of the efforts of the National Employment Committee, large contracts for brooms and baskets have been executed by existing institutions for some of the Government Departments.

In London, where there are seven charitable bodies touching this question, the total factory accommodation does not exceed 250, though there are about 2,000 blind persons in London who should be considered for employment.

‘The occupations usually taught to males are typewriting and shorthand, the making of baskets, brushes, mats, sacks, ship-fenders, mattresses, rope mattresses, and also pianoforte tuning, chair-caning,

boot and shoe repairing, and wood-chopping. Females are taught weaving, typewriting and short-hand; massage, to make brushes, fancy baskets, to knit, net, sew, crochet, cane chairs, &c., and how to use knitting-machines. Many of the blind are also educated with great success in the profession of music, and others are prepared for a University career.'¹

Considering the expenditure of time, money, and patience in imparting and acquiring the vast amount of knowledge represented in this list of industries, it is a matter for deep regret that any of these

¹ It is often asked what amount is necessary to start the blind in their trades on leaving school, and for general guidance it may be stated that : (a) A basket-maker's tools, trough, block, &c., cost from £5 15s. to £7 5s. ; (b) a basket-maker's materials, about £5 ; (c) a boot and shoe repairer's tools and materials, about £5 ; (d) a chair-caner's tools and materials, about £1 ; (e) a mat-maker's *frame*, tools, &c., about £4 15s. ; (f) a mat-maker's *loom*, tools, and materials, about £12 15s. ; (g) a mat-maker's appliances and materials, for making Sinnet mats, about £5 ; (h) a pianoforte tuner's tools, about £4 5s. ; (i) a wood-chopper's tools, wood, &c., about £2 12s. 6d., and barrow about £3. The foregoing amounts, carefully laid out, ought to be sufficient to give a good start to blind persons in the trades they have learned. Full particulars of the above outfits may be obtained on application at the office of Gardner's Trust. These particulars consist of a list of the various appliances, materials, &c., the cost of each, and the names of firms from whom they may be obtained. When applying, it should be stated which list is required. It is advisable that orders should, when practicable, be sent through the manager of an institution for the blind. See *Information with Regard to Institutions, Societies, and Classes for the Blind in the United Kingdom*, compiled by Henry J. Wilson, of the office of Gardner's Trust for the Blind, 55 Victoria Street, Westminster, London.

skilled workers should be found hawking matches, laces, flowers, &c., in the street.

With few exceptions, blind people are more anxious to work for their living than any other afflicted class. Those who refuse to work regularly, but prefer to beg and exhibit their deformity because they can make a good living out of it, are very much disliked and looked down upon by the steady, independent blind who endeavour to earn their living in a dignified way by regular labour.

ECONOMIC CONSIDERATIONS

Let us glance for a moment at the rate of remuneration of the blind worker. At the Triennial Conference on the Blind, held at Exeter in 1911, it was stated that 'the average weekly wage of the blind workshop employee, irrespective of any supplement, was a minimum of 9s. for men and 4s. for women; and the maximum of 16s. 9d. for men and 11s. 6d. for women; the average being 12s. for men and 9s. 6d. for women.' In some institutions the average wage is considerably higher than this. For instance, in the Liverpool Workshops for the Outdoor Blind it is slightly over 18s. for men and a little less for women.

Home working has proved more or less a failure

through want of supervision in many cases. The average earnings of the home worker is only 6s. 2d. per week; but while there are so few workshops, even this is of importance, and until more adequate factory accommodation is available work must be taken to the home of the worker. For some fifty years there has been in Liverpool a ' Home Teaching Society ' in connexion with the Workshops for the Outdoor Blind, the blind being visited in their homes and in the workhouses; and to-day there are at least 58 such societies in different parts of the country. In the matter of factories and workshops, Liverpool is better equipped than London, having its Workshops for the Outdoor Blind with no fewer than 155 blind employees. This is perhaps only in ' the fitness of things,' as, with the exception of that of Paris, the Liverpool School for the Indigent Blind is the oldest institution of its kind in the world, having been founded in 1791.

Pensions are usually not available for people under fifty, and only two of the Blind Charities grant pensions to those in receipt of Poor Law relief, though several do so if Poor Law relief has been dispensed with for at least two years. Statements are often heard that if the money left for the blind that is given in pensions could be put together, there would be sufficient to provide for them all.

At the Triennial Conference (Exeter, 1911) Mr. H. J. Wilson conclusively proved that this idea is erroneous. Even when ampler workshop accommodation has been provided, there will be the same need for Pension and Relief Societies ; for the blind who are able to work for their living earn so little that in most cases they have to apply to some Pension Society to enable them to eke out their scanty earnings. Very few of the blind who have learned a trade are able to support themselves and their families entirely without help from the charitable. Some connected with public workshops for the blind say, ' 95 per cent. are unable to do this ' ; others, ' practically none ' ; others, ' 50 per cent. can barely support themselves.' ' Men, if intelligent, industrious, and clever, can earn enough to support themselves ; others who are dull can earn only, say, half to two-thirds of cost of maintenance.' A pension of £6 to £12 a year makes all the difference in such cases ; hence the need of Pension Societies.

ORGANIZATION AND ADMINISTRATION

That we possess splendid organizations devoted to the interests of our blind population is evident on every side. We have schools, institutions, pension funds, workshops, home teaching societies, libraries,

&c. ; but in the past we have perhaps not obtained the maximum benefit from them because there has been lacking *the combination of forces*. The formation during recent years of the seven Unions of Institutions, Societies, and Agencies for the Care of the Blind, beginning with the North of England Union in 1906, promises to be a factor in covering the whole of the country with an organized system which will render it practically impossible for any blind person to fall out of the ranks of the cared for. The six objects of the Northern Union may be given in full, for they have a direct bearing on this subject, and are almost identical for each Union :

1. To promote intercourse among such existing agencies and individuals interested in the welfare of the blind as may lead to the co-operation and extension of work on their behalf.

2. To form societies in districts where none exist.

3. To encourage the after-care of pupils leaving institutions.

4. To promote employment.

5. To visit and care for the blind, and especially the sick, aged, and helpless in their own homes and in the workhouses.

6. The prevention of blindness. (Compulsory notification of ophthalmia neonatorum.)

According to the Census returns of 1901, the total

number of blind persons in England and Wales was 25,317, 72 per cent. of these being unemployed.¹

As the proportion of blind to the sighted is 1 in 1,250, it should not be impossible for the remaining 1,249 to care for the one who cannot see, and enable the majority to become self-supporting members of the community.

The position of the blind and their present needs would appear to be : The education of children up to the age of sixteen—with permissive instruction to age of twenty-one—already provided for. Those over the age of twenty-one who have been specially educated require—and urgently require—greater facilities for employment. But while enlarged

¹ The Census paper of 1911 showed an alteration in the last column provided for entries. In Census papers of earlier decades provision was made for the enumeration of the blind. No qualification of this term was indicated ; the description was 'blind' only. In the paper of 1911 the description was altered ; it appeared as 'totally blind.' . . . The examination of the Census returns of 1911, made on behalf of 312 scholars of London blind schools, and the comparison of these returns with the actual conditions of the children show : (1) That the Census returns of 1911 will be useless as an enumeration of the blind and dangerous for any purpose of comparison or legislation ; (2) that in any future Census of the blind it is desirable to ask for information under two heads—(1) blind, (2) partially blind. That these terms are self-explanatory and natural, and therefore more likely to obtain a faithful record of the state of the blind of the country than any rigid or elaborate definition. . . . See 'The Blind and the Census of 1911,' by N. Bishop Harman, M.A., M.B. Cantab., F.R.C.S. Eng., Ophthalmic Surgeon to the Belgrave Hospital for Children, Assistant Ophthalmic Surgeon to the West London Hospital, and Oculist to the London County Council Blind Schools, in the *British Medical Journal*, November 4, 1911.

factories will do much, the co-operation of the public is essential if the best results are to be obtained. There would be less demand for foreign-made baskets and brushes if all the friends of the blind would make a point of buying the goods of the blind worker. This is a responsibility which, when fully recognized, will surely be accepted by every responsible individual. The lesson of the past, which we have now learned, must come home to us in the work of the future ; and that lesson is 'AFTER-CARE,' written in large letters. For those who lose their sight in adult life, and for the unemployable, there is great need for State assistance in providing increased home accommodation, pensions, and grants to existing voluntary enterprises. How great is the need in this direction may be gathered from the fact that out of the total blind population in 1901 (25,317), it was estimated that no less than 15,766 lost their sight after forty-five years of age.¹

The foregoing refers only to the question of *existing* blindness ; but the *prevention* of blindness is of equal, if not greater, importance. The Midwives Act, 1902, if strictly enforced, will greatly tend in this direction, the midwife being compelled to notify all cases of inflammation of the eyes, however slight. The compulsory notification of

¹ Table of 'The Blind in England and Wales.'—Census returns, 1901.

THE BLIND IN ENGLAND AND WALES

481	UNDER 5 YEARS OF AGE.
669	FROM 5 TO 10.
1078	FROM 10 TO 15.
1067	FROM 15 TO 20.
1120	FROM 20 TO 25.
2386	FROM 25 TO 35.
2750	FROM 35 TO 45.
3228	FROM 45 TO 55.
3910	FROM 55 TO 65.
4289	FROM 65 TO 75.
3443	FROM 75 TO 85.
896	85 AND UPWARDS.
25,317	TOTAL NUMBER OF BLIND IN ENGLAND & WALES.

Table showing the proportions and numbers of the blind in England and Wales at various ages from infancy to old age.

ophthalmia neonatorum has been adopted by 213 districts and boroughs.¹ This disease has been estimated as causing 40 per cent. of the cases in schools and asylums. From the consideration of expenditure—not to mention the future of the individual—it is essential to insist on notification in every case. The cost to the State of educating a blind child is £500 as compared with £30, the cost of educating a normal child.

It is time, too, that every maternity hospital should have an isolation ward, where every newborn infant could receive *immediate* treatment when suffering from this disease, which is highly infectious. As matters are at present, it is often too late when the trouble is recognized for treatment to be of any avail. In order to eliminate the derelict blind, increasing attention must be devoted to instruction in all measures which make for the prevention of blindness.²

¹ The Local Government Board have now issued an order making ophthalmia neonatorum a notifiable disease from April 1, 1914.

² Here is a specimen of a card suitable for distribution. It can be obtained from Miss Heywood, Clarendon, Manchester, or Miss Sadgrove, Beverley, price 3s. 6d. per 100 :

NORTH OF ENGLAND UNION OF INSTITUTIONS, SOCIETIES, AND AGENCIES
FOR THE BLIND.

PREVENTION OF BLINDNESS.

To Mothers, Nurses, and all Womenkind.

INFLAMMATION OF EYES OF NEW-BORN INFANTS.

It is the duty of the midwife and parents to take a baby to a doctor

Much of the 'adult' blindness would be obviated by a more rigid enforcement of rules as to the wearing of 'guards' and 'protectors' by those engaged in dangerous trades or occupations. This should not be left to the discretion—or indiscretion—of the worker. Familiarity breeds contempt of danger among other things, and those in authority should see that necessary precautions are taken. 'You cannot bring back the sight to the vacant eyes; but you can give a helping hand to the sightless along their dark pilgrimage. You can teach them new skill. For work they once did with the aid of their eyes, you can substitute work that they can do with their hands. They ask only opportunity, and opportunity is the torch of darkness.' This is an extract from a letter written by Miss Helen

immediately if the baby's eyes become red or swollen, or begin to run with matter.

Inflammation of the eyes of the new-born child is very dangerous, and if not treated properly and immediately, may make the child totally blind.

BLINDNESS BEGINNING IN BABIES AT BIRTH

LASTS THEIR LIFETIME.

INFLAMMATION IN INFANTS' EYES IMPORTANT,

NEVER NEGLECT IT.

DOCTOR

NECESSARY.

EARLY EFFORTS

SAVE

SIGHT.

REMEMBER! that this disease is **VERY CATCHING.**

Keller in support of the New York Association for the Blind.

Special attention must be devoted to the protection of infants.¹

¹ The following circular forms a good model for distribution to mothers and nurses and others dealing with newly born children :

INFLAMMATION OF THE EYES IN INFANCY.

(Ophthalmia Neonatorum.)

Inflammation of the eyes of new-born infants is one of the most prolific causes of blindness. It is a preventable disease. If it occurs it can be cured, *if taken in time*.

Preventive Measures.—(1) Immediately after birth, and before anything else is done, wipe the eyelids dry with clean cotton wool damped in boiled water which has gone lukewarm. Use a fresh piece for each eye; burn it after use. (2) Wash the eyelids with lukewarm boiled water, letting the water run into the eyes if possible. The water used in the child's first bath should not be used for washing the face. The face and eyelids should be dried with a separate clean towel. (3) Sponges should never be used.

Curative Measures.—Inflammation is at once recognized by redness and swelling of the eyelids, and by a discharge of yellowish-white matter. (1) Send at once for a medical man. (2) In meantime keep the eyes as clean as possible by wiping away discharge every few minutes with cotton wool saturated with *cold* boiled water. (3) In the intervals the eyes should be covered by pads of cotton wool *saturated* with cold water. The pads should be changed every five minutes—day and night—if the discharge is profuse. Dry pads should never be used. (4) A few drops of olive oil should be used frequently to prevent eyelashes sticking together.

The inflammation is of infective origin. The saving of sight depends upon getting rid of the micro-organisms by *scrupulous cleanliness*.

N.B.—Antiseptics such as nitrate of silver and perchloride of mercury used in sufficient strength to destroy the micro-organism would also destroy the tissues of the eye on which they prey; used in a lesser strength, they would not destroy the germs, but would cause additional irritation to the eye. Nitrate of silver and perchloride of mercury should therefore never be used.

REFERENCES

VALUABLE information likely to be of much service to all workers among the blind will be found in the last edition of *Information with Regard to Institutions, Societies, and Classes for the Blind in the United Kingdom*, with a preface by Mr. Henry J. Wilson, secretary to the committee of Gardner's Trust for the Blind, by which body the brochure is published. (Offices: 53 Victoria Street, Westminster, London, S.W. 4½d. post free.)

Particulars of associations and institutions dealing with the blind will be found in *The Annual Charities Register and Digest*. London: Longmans, Green & Co. 1914. 5s. net.

See also *Burdett's Hospitals and Charities*. London: The Scientific Press, Ltd. 1913. 10s. 6d. net.

Section III. of the *Annual Report for 1912 of the Chief Medical Officer of the Board of Education* contains an informing article on 'Defective Vision.' London: Wyman & Sons, Ltd. 1913. 2s. 6d. net.

There are a number of journals published dealing with problems relating to the blind, and several magazines for the blind in Braille or Moon type. The following may be mentioned here:

Progress (1881), in Braille. Published monthly by British and Foreign Blind Association, Great Portland Street, London, W. 6s. annual subscription.

Dawn (1886), in Moon's type. Published quarterly by Northern Counties Blind Society, 4 Howard Street,

North Shields. 4s. 4d. annual subscription, post free.

Santa Lucia (1889), in revised Braille. Published monthly by the Misses Hodgkin, Zenda, Balcombe, Sussex. 19s. annual subscription, post free.

The Weekly Summary (1892), a newspaper in revised Braille, published weekly by Misses E. R. Scott and L. T. Bloxham, Eltham, Kent. 8s. 6d. annual subscription.

Hora Jucunda (1893), in revised Braille. Published monthly at Royal Blind Asylum and School, West Craigmillar, Edinburgh. 12s. annual subscription.

The Craigmillar Harp (1895), in underlined Braille. Published quarterly at Royal Blind Asylum and School, West Craigmillar, Edinburgh. 3s. annual subscription, post free.

The Blind (1898), in ordinary type. Published quarterly by Mr. Henry J. Wilson, Gardner's Trust for the Blind, 53 Victoria Street, Westminster, S.W. Annual subscription, 1s. 2d. post free.

Comrades (1910), for boys and girls, in Braille. Published monthly by British and Foreign Blind Association, Great Portland Street, London, W.

Daily Mail (1906), in Braille. Weekly edition. Annual subscription, 6s. 6d. post free.

Braille Literary Journal (1911). Published monthly by British and Foreign Blind Association, Great Portland Street, W. Annual subscription, 12s. post free.

A useful bibliography will be found at the end of Dr. George Foggin's article on 'The Eyes and Eyesight of School Children,' in *Medical Examination of Schools and Scholars*. Edited by Dr. T. N. Kelynack. London : P. S. King & Son. 1910. 10s. 6d. net.

See also the following works :

CARTER, A. N. : *Eyesight, Good and Bad : A Treatise on the Exercise and Training of Vision*. London. 1880. 6s.

FUCHS, E. : *Causes and Prevention of Blindness*. London : Baillière, Tindall & Cox. 1885. 9s. 6d. net.

HARMAN, N., BISHOP : *Conjunctiva in Health and Disease*. London : Baillière, Tindall & Cox. 1905. 10s. 6d. net.

HARMAN, N., BISHOP : *Preventable Blindness*. London : Baillière, Tindall & Cox. 1907. 2s. 6d. net.

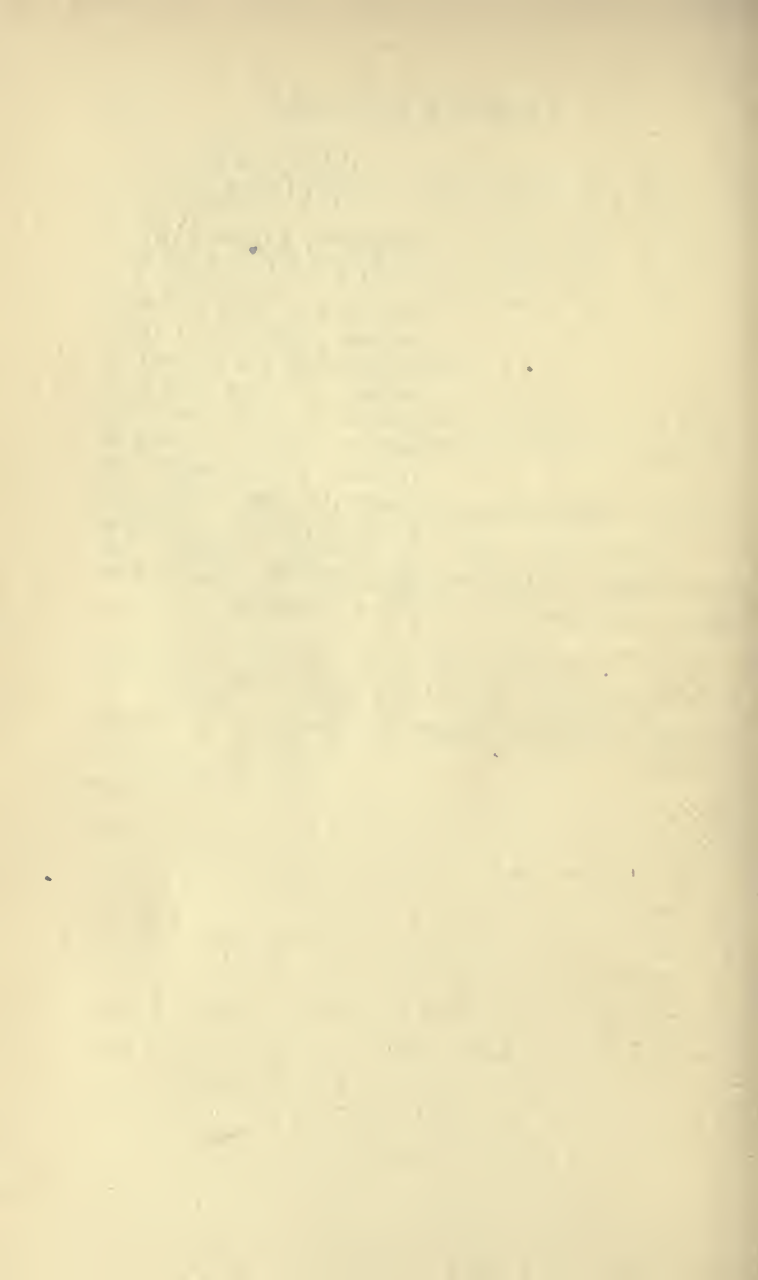
JAVAL, E. : *Blind Man's World*. London : Putnam. 1904. 3s. net.

XVI

PRE-NATAL INFLUENCES

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XVI

PRE-NATAL INFLUENCES

LIFE does not begin at birth, and the dereliction of life also may occur in the nine silent months during which the unborn infant, either as a foetus, rapidly growing and closely associated with the mother in that harmonious symbiosis of which Professor Bar has written, or as an embryo, developing out of the apparently structureless germ-plasm into the complex organism of ante-natal life, lies within the womb. In order to prevent the new generation becoming derelicts it is necessary to prevent the mothers throwing themselves away, from the health point of view ; for no one stands alone in this great matter, and the parents cannot break the laws of hygiene without their offspring suffering ; and this law is in action in the earlier years, even before there is a foetus in the womb.

ANTE-NATAL PREVENTION OF DERELICTS

Let us, then, endeavour to set forth the various means that may be taken to prevent the ante-natal production of derelicts.

The infant who has passed safely through the period of ante-natal life may, nevertheless, receive injuries in the act of birth which, if they do not prove immediately fatal, may cripple it for the rest of its existence. For these disasters the one great means of prevention is careful and skilled midwifery, the presence of a doctor and trained nurse, or of a certificated midwife who shall call in a fully qualified obstetrician when the process of parturition deviates from the normal. The use of well-constructed forceps at the proper time, the induction of premature labour in cases of narrow pelvis, the rectification of malpresentations and malpositions of the foetus, may in abnormal labours prevent the maiming or malforming of the infant ; whilst in ordinary confinements the strict attention to the laws of obstetric cleanliness or asepsis, the washing of the infant's eyes as soon as the head is born, and the proper management of the umbilical cord will all help to bring the child into the world healthy and without the tendency to become unhealthy.

PREVENTION IN PREGNANCY

But the prevention of evil results to the infant may begin before its transit through the birth-canals. The proper management of the mother's health during her pregnancy will always greatly increase her infant's chances of a normal birth and a healthy post-natal existence. Pregnancy ought to be a protected period of life, for what takes place then may influence, for good or evil, two lives. It does not necessarily follow that the unborn infant will be affected with any malady from which its mother may suffer during the time it is being carried in her womb. There is no constant transference from maternal to foetal tissues of any morbid process which may involve the former ; for there lies in the way Nature's protecting structure, the placenta, which, if it remain healthy and functionally active, will, in many instances, prevent the passage from mother to foetus of the microbes of disease, of their toxic products, and of toxic substances in general. Under certain circumstances, whose exact nature we unfortunately do not know, this protective barrier fails to act, and morbid agents sweep through from the maternal to the foetal tissues, to produce in the latter the evil results they have already caused in the former. This is the case, for instance, in

smallpox occurring in pregnancy ; lead-poisoning of the mother may in the same way produce structural changes in the foetus ; and many other maladies might be named. But, even if there is no transference of the actual disease from which the mother suffers, there may be the passing over to the unborn infant of the products of the malady, so that a morbid state of the latter results, interfering with its normal growth and either preventing its attaining the full period of ante-natal life or incapacitating it from carrying on a healthy post-natal existence. Further, the morbid agent may expend its full force, so to speak, on the protecting organ, the placenta ; and, when this occurs, ante-natal life and health are doomed, for the placenta is the dominant factor at that time.

PROTECTION OF EXPECTANT MOTHERS

From the study of these facts it is evident that the pregnant woman should be protected from maladies which may be transmitted to her foetus, from poisons which may injuriously affect the placenta, and from all causes capable of having the same evil influence, and from any disease which, without affecting the unborn infant in the identical way that it does the mother, yet proves inimical to its normal progress. Thus, pregnant women, during the prevalence of

an epidemic of small-pox ought to be vaccinated, for, even if they have been previously vaccinated or rendered immune by a previous attack, there is the risk of the infant *in utero* being infected with the disease ; and it has been shown that such a vaccination gives, in many cases, at least temporary immunity to the foetus. Again, expectant mothers ought to be sheltered as much as possible from all other infectious maladies, especially from scarlet fever and diphtheria, for their own sakes in the first instance, but also, secondarily, for that of their unborn infants. They ought to abstain from the use of alcohol, unless it be medically prescribed, on account of the effects of that agent upon the kidneys and the placenta. They ought not to be allowed to pursue trades or avocations in which the risks of lead-poisoning or intoxication with copper, mercury, or other chemicals are recognized ; indeed, it would be a matter for congratulation if women during their pregnancies could be saved from all trades which throw a special strain upon the system or introduce elements of danger into the life. The unborn infant is wonderfully protected from external injury while situated in the uterus, but it is not absolutely safe from the effect of sudden jolts or jars, or from the evil influence of prolonged pressure. The mental and emotional state of the mother

also has an influence upon the child yet to be born, but it is difficult exactly to estimate its nature and its extent. Sudden violent emotion may so disturb the circulation in the placenta as to bring about premature labour, with all its risks to the infant ; the sight of repulsive or alarming things may damage in some way the growth and health of the foetus, although the consensus of scientific opinion is opposed to the notion that it has any photographic effect, so to say, upon the infant, or can reproduce in it the appearance of the unpleasant object ; and even a state of mental unrest and worry in the mother may possibly be the cause of nervous maladies in the child then in the womb.

DIET IN PREGNANCY

Again, there is the important matter of the feeding of the pregnant woman. The rule that should be laid down does not necessarily involve a marked change either in the quantity or quality of the food taken. If the patient, as an unmarried girl, has been partaking of a healthy mixed dietary, there will be no need to change it when she marries and becomes pregnant ; for it has been shown that the digestive apparatus in pregnancy has the power, not only to absorb more nourishment from the bowel, but also

to select the special ingredients required by the growing foetus at the different stages of its development. There is no necessity for, indeed there is grave danger in, the advice often given to the expectant mother 'to eat double' for the sake of her unborn infant. But if the unmarried girl has been breaking the laws of health in her diet, then, although she may apparently suffer little or no harm therefrom in the non-pregnant state, she will as a married and pregnant woman run considerable risk of serious complications and may endanger her own life and that of her child. This danger is well marked in those cases in which the kidneys begin to fail, for in them a comparatively slight dietetic indiscretion may precipitate that most dreaded of all obstetric catastrophes, convulsions; in such circumstances it may be found necessary to restrict the woman absolutely to milk, if she and her infant are to be saved. The onset of kidney trouble in pregnancy is usually heralded by puffiness of the face, by a diminution in the amount of urine passed, and by albuminuria, and the appearance of these phenomena should always lead to strict dieting and medical treatment. Occasionally a pregnant woman has special longings for certain articles of diet, and so long as the things desired are not repulsive nor dangerous to health, they may be granted, for they

probably indicate an outcry of her tissues for some chemical substances which are specially needed for the maintenance of her own health and for the upbuilding of her unborn infant's body.

PRE-MATERNITY HOSPITAL TREATMENT

The reference which has been made above to that most fatal of the complications of pregnancy, convulsions or eclampsia, leads naturally to the subject of the treatment of the diseases of the expectant mother. That there should be some place where such diseases can be medically treated goes without saying, for several of them are very serious maladies, demanding the best obstetric skill procurable. A scheme for the endowment of pre-maternity beds, wards, or pavilions, in association with existing maternity hospitals, has been tacitly accepted by the profession as the best solution of the difficulty ; a beginning was made in connexion with the Edinburgh Royal Maternity Hospital in 1901, and the bed then endowed is now a ward, but much remains to be done in this direction all over the country. It is doubtful whether even the medical profession fully appreciates the importance of strict supervision of the pregnant state and of preventive and curative treatment of the maladies of gestation ; to some

extent the significance of these matters as regards the mother is admitted, but their bearing on the unborn infant's future life and usefulness is scarcely at all considered.

It goes without saying that all the surroundings of the expectant mother should be thoroughly hygienic ; she should live in a well-ventilated house, enjoy a good water-supply, dress in a fashion which allows the healthy and free development of the abdomen and breasts, and have sufficient exercise in the fresh air. Defects in any of these details may injuriously affect the infant *in utero*. It will be well that she and her husband occupy separate beds. There is also a great need, for working women especially, of rest-homes to which they can retire for a week or two before their confinements.

PROTECTION PRIOR TO CONCEPTION

But, even before the occurrence of pregnancy, forces may be at work which are prejudicial to the infants not yet conceived. The young man who, ere he becomes a husband and father, acquires syphilis is doing a deed which may, and probably will, throw a long dark shadow forwards over his reproductive history and over that of the woman whom he may persuade to become his wife ; this

disease—almost mercifully, one is tempted to think—usually prevents conception, or ends pregnancy in the early weeks or months ; but it may gradually become less virulent and permit the birth of premature or even of full-time infants, who bring with them into the world the fatal encumbrance of congenital syphilis.

The woman who, before becoming a mother, injures her health in the above or in any other way (perhaps specially in the matter of weakening her kidneys) is probably throwing a burden of disease or diathesis upon the infants whom she may in the future carry in her womb. With a fatal certainty, which may almost be stated as a law, the daughters of the habitual inebriate are unable to suckle their infants, and so the vice of the grandfather interferes with the proper nutrition of the grandchildren (*Bunge*). The woman who is addicted to alcohol in excess so interferes with her reproductive processes that she tends to give birth to dead-born or still-born infants to a degree which is greater than that amongst non-drinking women, and if, by chance, her infant survive its birth it may be physically unfit or constitutionally unable to resist the craving for spirits, narcotics, or other drugs.

The mere statement of these possible causes of the production of human derelicts is sufficient to suggest

the remedy, although the day when that remedy is applied with anything approaching to frequency or force may be far distant. The treatment (preventive in the best sense) is the recognition early in life of the responsibilities which must fall upon the individual who becomes a parent, and the facing of them with the threefold protection and preparation of self-reverence, self-knowledge, and self-control. At the same time it is doubtful whether the State at all adequately protects the weak brother against himself, for his future children's sake as well as for his own ; at present the man or woman suffering from habits and maladies which are likely to lead to disaster in the next generation is left to do much as he or she like. It may be fanciful to suggest, as Havelock Ellis has done, that a ' State Department for the Unborn Infants ' should be created ; but the fancifulness is due rather to an entire want of reflection upon the subject than to any absence of need for some such Government supervision. Some of the most pathetic sights of our boasted modern civilization are those which take place in our churches and registrars' offices when the physically or morally unfit lead or accompany to the marriage altar those who, if properly mated, would doubtless have become the happy parents of healthy offspring.

PREVENTION BY EUGENICS

But, it may be asked, what about hereditary diseases, malformations, and morbid tendencies in the candidates for matrimony? What about those disqualifications for the procreation of normal infants that are handed down from ancestors more remote than the grandparents, and which are generally regarded as irrevocable and irremediable? For the study of this subject the new department of scientific research known as *Eugenics* has come into being, and has already accomplished something, and may accomplish more. The present writer, however, is not so much impressed with the hereditary dangers (using the term hereditary in its strict sense) in the problem of well-begetting as he is with those that arise during the period of pregnancy, during the lives of the parents before and after marriage, and in the lives of the grandparents; and these he would regard as ante-natal, but not always as hereditary. He is convinced of the constant tendency of the germ-plasm and of the tissues of the developing embryo and foetus to return to right physiological paths if delivered from the continued action of morbid causes, microbic, toxic, traumatic, and the like; and he believes that the mischief done in one generation,

or even at one period in the same generation, may be largely remedied in the next, or at a later period of the same generation. Even in the case of so hereditary a malady as haemophilia there is some evidence that the prospect is not hopeless if suitable remedies—e.g. chloride of calcium—be given to the mother during the sojourn of the infant (believed to be carrying this disease) in her uterus. At the same time the foundation of the Galton Laboratory for National Eugenics and, more particularly, of the Eugenics Education Society has done much to familiarize the public with the dangers of ill-mating in reproduction, and to impress upon the national conscience the necessity for making an effort to obtain race-betterment and to prevent race-suicide.

It must be confessed, however, that the present time is not altogether the most suitable for discouraging parenthood on the part of the unworthy and for encouraging it on the part of the worthy. We are witnessing the diffusion of a great tendency (now involving the working classes as well as the upper and middle grades of society) strictly to limit the size of families, if not to avoid having children altogether; we are reading every day in the newspapers of the continued fall in the birth-rate; and the medical profession knows something of the means that are being taken, almost openly, to

prevent conception and to terminate pregnancy in the early months. It is even now a question whether the encouragement of parenthood is not a more pressing necessity than the selective regulation of marriage ; of course, if the two propagandas can go forward together, then great good may result. If the father of marriageable daughters finds that he has several suitors for each, he will be in a position to demand certificates of health and good heredity from the candidates, so to speak ; but, if not, what then ? At the same time there is no possible objection to the making of every effort to spread abroad the knowledge of the importance of health in the parents of the future generation, to emphasize the fact that a capital of health is a more valuable possession from this point of view than one of wealth, and, on the other hand, to show the evils that result from the marriage of the unfit. A beginning has been made ; but much, much remains to be done, and the temper of the time is not altogether propitious. No one who has the future of the nation and the race at heart can afford to remain silent or idle. The tendency to restrict families for selfish reasons must be made to yield to a desire to approach the whole subject of marriage and parenthood from the unselfish side and to have a sufficient number of healthy children, even if some of the luxuries of

modern life have to be sacrificed. The problem is neither small nor easy; but, in the meantime, something can be done to improve the hygiene of the women who are about to be mothers, more may be done by the State and by medical institutions to save them from existing dangers and the diseases of pregnancy, and something may be accomplished by replacing dangerous and demoralizing literature by educative pamphlets of a high tone and written by scientific experts animated by pure motives.

REFERENCES

FOR further details regarding the nature and action of ante-natal influences in the production of human derelicts, reference may be made to the following of Dr. Ballantyne's writings: *Manual of Ante-natal Pathology*, 2 vols. (Edinburgh: Green. 1902-4. Price, 42s.); *Teratogenesis* (Edinburgh: Oliver & Boyd. 1897); *Diseases of the Foetus*, 2 vols. (Edinburgh: Oliver & Boyd. 21s. 1892, 1895); *Rep. Proc. Nat. Conf. Inf. Mort.*, pp. 124-159, 1906; and *Expectant Motherhood* (London: Cassell & Co. 1914. 6s. net); 'A Petition from the Unborn,' *Brit. Med. Journ.*, 1899, Vol. I, pp. 889-93; and 'The Nature of Pregnancy,' *Brit. Med. Journ.*, 1914, Vol. I, p. 349.

Also various articles on 'Prematernity Hospitals,' in *International Clinics*, S. XI, Vol. II, p. 231, 1901; *Brit. Med. Journ.*, 1901, Vol. I, p. 813; *Amer. Journ.*

Obstet., Vol. XLIII, p. 593, 1901; *Brit. Med. Journ.*, 1902, Jan. 11; *Scottish Med. and Surg. Journ.*, Vol. XX, p. 101, 1907; *Brit. Med. Journ.*, 1908, Vol. I, pp. 65-71; and *Journ. Obstet. and Gynaec. Brit. Emp.*, Vol. XV, pp. 93, 169, 1909.

The 'Ante-natal Treatment of Haemophilia' is considered in the *Journ. Amer. Med. Assoc.*, Vol. XXXVII, p. 503, 1901.

Valuable articles on race-culture are to be found in the *Eugenics Review*, the 'Eugenics Laboratory Memoirs,' and in various articles by Sir Francis Galton. The large work of Prof. Paul Bar (*Leçons de pathologie obstétricale*. Paris: 1907) is a classic.

See also various contributions to *The Encyclopaedia Medica*, First Supplementary Vol., 1909, under Abortion, Ante-natal Pathology, Eugenics, Heredity, Management of Pregnancy, Pathology, and Physiology, &c.

Dr. Arthur Helme's paper in the *Brit. Med. Journ.*, 1907, Vol. II, p. 421, and 'Moral Aspects of Infant Life Protection' in *Infancy*, Vol. I, of National Health Manuals, 1910, is net, may also be studied with profit, as may Dr. Amand Routh's article on 'Ante-natal Hygiene,' in the *Brit. Med. Journ.*, 1914, Vol. I, p. 355.

XVII

EUGENICS AND THE
HUMAN DERELICT

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XVII

EUGENICS AND THE HUMAN DERELICT

EUGENICS, as I understand and advocate it, repudiates false antitheses and includes both 'nature and nurture,' or heredity and environment. We thus may recognize, I think, a Primary or Natural and Secondary or Nurtural Eugenics. The latter begins, not at birth, but at the beginning of the individual, which is at conception; and my friend and former teacher, Dr. Ballantyne, has dealt with ante-natal nurture in the preceding chapter of this manual. The post-natal stages of nurture also are within eugenics, as I repeat, and as Galton himself recognized.

GENERAL CONSIDERATIONS

Our task in this chapter is simplified, for we have only Primary or Natural Eugenics to consider. This I have classified and defined as follows: (a) *Positive*

eugenics, the encouragement of parenthood on the part of the worthy ; (b) *negative eugenics*, the discouragement of parenthood on the part of the unworthy ; and (c) *preventive eugenics*, which combats what I call the 'racial poisons.' Of these branches of the subject the two latter alone concern us.

But before we proceed it is necessary to define a fallacy which still misleads most eugenicists, often though it has been exposed. *Natural eugenics requires to distinguish between those 'characters of any individual which are transmissible, and those which are not.* Hosts of unfortunate human beings are condemned as unworthy for parenthood by rash and uncritical eugenicists, though the state of those individuals may be no more relevant to eugenics than the state of a man who has lost his legs in an accident. He is lame, deformed, incapable ; but, from the eugenic point of view, he is as worthy as any one else. Numerous personal defects, damages, injuries, belong to this category, as every student of so-called 'acquired characters' knows ; and they are constantly confounded with characters which are *inherent*, and therefore transmissible. To use the modern term, natural eugenics is only concerned with characters that are *genetic*. This greatly limits the scope of our subject, and

warns us off ground where recently converted eugenists are content to stray ; but it adds force to the eugeuic demand within its proper sphere.

THE LESSONS OF GENETICS

What, then, has genetics, or the scientific study of heredity, to teach us as regards the human derelict ? If he be a derelict because a train has cut off his legs, genetics has only to say that, even though he be mated with a similarly maimed woman, their children would be fully endowed with limbs. But if he be a derelict for certain other reasons genetics is more concerned. In the present state of our knowledge, these reasons are few, but most important.

Our real knowledge of this subject is only about four years old. It dates from the foundation of the American Eugenics Record Office in 1910, and the study of human genetics since carried on there. My illustrious master, Galton, and his followers in this country, using the methods of 'biometry,' were and are, as every first-hand student of biology now knows, on a wrong tack. Had Mendel's law, discovered in 1865, not been lost until 1900, the whole history of eugenics would have been different. But, though that accident remains a scientific tragedy for ever, and has cost decades of human

ignorance and unhappiness, the truth is now revealed. All our exact knowledge of human heredity began when the Mendelian method was applied to man—with Major Hurst's study of eye-colour in this country, and then with the American work on characters of eugenic and social importance.

MENDELISM AND HUMAN DEFECTS

Briefly, Mendel found that many characters are arranged in opposite pairs, thus: A tall and dwarf pea, mated, yielded all offspring tall. Such offspring, mated among themselves, yielded 75 per cent. tall, and 25 per cent. dwarf. But of those 75 per cent., two-thirds (i.e. half of this generation) were tall with dwarfness in them, like *all* the generation first obtained. Pure tall, interbred, always yield tall; pure dwarfs always yield dwarfs.

Hurst found the same for human eye-colour. Brown corresponds to tallness in peas, and blue to dwarfness. Pure brown and blue yield browns (usually hazel). Such impure browns, intermarrying, yield three-fourths brown-eyed and one-fourth blue. Pure browns, interbred, yield only browns. Pure blues, interbred, yield only blues.

Davenport, Goddard, Weeks, and others in America, since 1910, have found that some cases

of true mental deficiency and true epilepsy behave like dwarfness in peas or blueness in human eyes. In Mendelian language, these characters are *recessive*; and the opposite characters, tallness in peas, brown eyes, normalness of mind, freedom from epilepsy in ourselves, are called *dominant*. And Mendel's law holds. Two dwarf peas never yield any but dwarfs. Two blue-eyed parents never have any but blue-eyed children. *Two feeble-minded parents apparently never have any but feeble-minded children. Two persons with true genetic epilepsy never have any but epileptic children.*

My friend Dr. Kerr Love has lately shown, in his notable lectures, that a certain form of deaf-mutism behaves similarly. All these cases, and others, go on for any number of generations, just like the night-blindness which has been traced through one stock, dispersed in France and America, for ten generations. Here I join issue with a passage in Dr. Ballantyne's admirable chapter. The reader can readily see how Mendel's law works out in other parental combinations; e.g. pure normal-minded with feeble-minded, where all the children will be normal-minded, but will carry the defect in half their germ-cells, according to Mendel's law. Such persons are 'impure dominants.' If two such marry, the ratio of three normal to one defective

will appear in their offspring; just parallel to Mendel's peas, or Hurst's study of human eyes.

We are at the very beginning of this subject, and the facts will be found to be more complicated than the foregoing rough outline of them—above all, because we must apply the new tests for syphilis in all cases. But already we know enough for certain forms of action and for guidance towards further knowledge. In this country Dr. Kerr Love and Mr. Macleod Yearsley, those splendid champions of the deaf child, are studying the subject of deaf-mutism on proper lines; but otherwise the study of human genetics as a basis for eugenics is almost wholly an American growth of the last four years. The future will be very different, thanks largely to the Arthur Balfour Chair of Genetics at Cambridge, and the influence of Sir Francis Darwin's Galton Lecture of February 16, 1914, in which he accepted Mendelism.

NEGATIVE EUGENICS AND ITS DUTY

But already negative eugenics has learned something. Never again can we consider the problem of true mental deficiency without remembering that this is often a Mendelian recessive, from which the dominant character (normal-mindedness) can *never*

come ; so that every child of two such defectives is defective, and every child of one such is either defective *or carries* the defect. Our duty, in this and every case where genetics demonstrates similar facts, is evident. *In so far* as the human derelict owes his or her condition to such a biological or genetic cause, we must forbid the parenthood of which the lamentable consequences are now no longer a matter of vague surmise, but one of tragic certainty. It is for the first-hand student of the inebriate, such as my friend Dr. Welsh Branthwaite, or of the prostitute, or the petty criminal, or the vagrant, to tell us in how many cases the individual dereliction has this genetic basis. In approximately two-thirds of the inebriates in our reformatories, is Dr. Branthwaite's answer. The eugenist points to the pedigrees which reveal the genetic basis of their inebriety, and he demands that the principles of negative eugenics shall be carried out. *Nothing else* will solve this part of the problem, he asserts ; and who will now say him nay ?

So much for negative eugenics. I should be impertinent if I tried to assert how much of human dereliction is due to these genetic causes. That is for others to find and say. The eugenist has done his business when he points to the genetic facts, and indicates the simple method by which any

social worker can extend our knowledge of them—which is the method of individual pedigrees, always covering at least *three* generations, and including *all* the members of the family. Any such pedigrees sent to me will be gratefully acknowledged, and used as data for further results.

The Mental Deficiency Act, 1913, which came into force on April 1, 1914, promises to accomplish untold benefit for our nation if wisely administered by the mental efficiency of local authorities. But we still await the passing of the Inebriates Bill, following the recommendations, in 1909, of an official Committee. The persistent neglect of this measure during five past years is one of the many scandals of contemporary party politics.

PREVENTIVE EUGENICS

Finally, we have to consider how far the racial poisons produce human dereliction; and then preventive eugenics must fight the poisons thus incriminated. Dr. Ballantyne has alluded to this subject in his chapter. One needs to insist that much new knowledge regarding alcohol as a racial poison is now accumulating. By a racial poison I mean, be it noted, an agent that poisons the germ-cells in an individual, so that it may act equally

through father or mother. This must not be confounded with ante-natal poisoning (through the mother only, of course) as studied by Dr. Ballantyne for so many years. Racial poisoning is a poisoning of the 'germ-plasm' itself. Alcohol was acquitted of any such action by Professor Karl Pearson, in his notorious memoir a few years ago ; but many first-hand students since have proved the lamentable contrary. Almost the latest is Dr. Mjöen, of Christiania, whose paper on the subject was *the* feature of the First International Eugenics Congress ; and now Professor Stockard, in New York, has filed proof upon proof. The formula 'Protect Parenthood from Alcohol' I therefore urge as the basis of temperance for many years to come. For alcohol helps to make derelicts, before their conception even, out of germ-plasm that was healthy. The chief advance of the last five years is Dr. Kerr Love's demonstration by the Wassermann test that much deaf-mutism is ante-natal infection by the racial poison of syphilis, followed by other workers who have shown the same for much epilepsy and mental deficiency. I have lately discussed elsewhere the immense significance of these results. Only the racial poisons thus actually *create* human degeneracy, and every eugenicist who is worthy of his sublime cause must fight the racial poisons

with undying ardour and immitigable hatred therefor.

REFERENCES

THOSE desirous of entering on a serious study of eugenics in relation to human derelicts will do well to consult the publications of the Eugenics Education Society, Kingsway House, Kingsway, London, W.C.

The report of the proceedings of the First Eugenics Congress, including *Problems in Eugenics* and the quarterly publication, *The Eugenics Review* (1s. net). Also the Bulletins and other publications of the American Eugenics Record Office, Cold Spring Harbour, New York, U.S.A. See especially No. 1 Bulletin on *Mental Deficiency*.

The following works may also be recommended for the consideration of the serious student :

BATESON, W. : *Methods and Scope of Genetics*. Cambridge : University Press. 1908.

ELLIS, H. : *The Problem of Race Regeneration*. London : Cassell & Co. 1911. 6d.

GALTON, F. : *Hereditary Genius : An Enquiry into its Laws and Consequences*. London : Macmillan. 1869, 1892. Reprinted in 1914. 7s. net.

KERR LOVE, J. : *The Causes and Prevention of Deafness*. London : National Bureau for the General Welfare of the Deaf. 1913.

- NEWSHOLME, A. : *The Declining Birth-Rate*. London : Cassell & Co. 1911. 6d.
- PEARSON, K. : *National Life from the Standpoint of Science*. London. 1905.
- PEARSON, K. : *The Scope and Importance to the State of the Science of National Eugenics*. The Robert Boyle Lecture. London. Second edition. 1909.
- SALEEBY, C. W. : *Parenthood and Race-Culture : An Outline of Eugenics*. London : Cassell & Co. 1909.
- SALEEBY, C. W. : *The Progress of Eugenics*. London : Cassell & Co. 1914. 5s. net.
- THOMSON, J. A. : *Heredity*. Volume in The Progressive Science Series. London : Walter Scott Company. 1908. 5s. net.
- WEISMANN, A. : *The Germ Plasm : A Theory of Heredity*. Volume in The Contemporary Science Series. London : Walter Scott Company. 1893. 5s. net.

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